

Thursday, 23 September 2021

(10.00 am)

**Presentation by Counsel to the Inquiry on
the Pharmaceutical Companies**

SIR BRIAN LANGSTAFF: Yes, Mr Hill.

MR HILL: Today, sir, we move on to the presentations from counsel to the Inquiry on the pharmaceutical companies. That will be the pattern of work for the next couple of weeks. Before turning to the individual companies, we thought it would be helpful to present an overview of the licensing regime as it stood in the 1970s and the 1980s in particular. This is an attempt to assist everybody in understanding what is coming next. It is not a comprehensive discussion of all aspects of licensing. That would take many days and perhaps wouldn't be of such great assistance. Instead, this is intended just to give a neutral overview to assist in understanding the presentations and the evidence that is going to follow in the next couple of days and weeks.

Further evidence about the licensing regime is going to be heard by you later in this Inquiry and this presentation is not intended in any way to pre-empt that evidence. It may be that things that you hear subsequently change your view of what we are

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saying today.

A helpful overview of the regime was provided in the evidence of Lord Fowler and in his witness statement. Lord Fowler said in his statement that he was drawing on the findings of the BSE Inquiry, and particularly volume 7, chapter 2. That described the position in 1988 to 1989. Lord Fowler's understanding was that, in broad terms, that was an accurate summation of the situation before that as well, and that is also our understanding.

So as to avoid reinventing the wheel, I'm going to read from that statement to provide the initial overview, then we'll go through in a little bit more detail some of the points.

So, Soumik, could we have on the screen, please, WITN0771001, page 35.

So this is the evidence of Lord Fowler in his written statement. What he says about the regime is this:

"(1) The licensing regime was established by the Medicines Act 1968.

"(2) In essence, a medicinal product could not be sold unless it had been granted a 'product licence' by the Licensing Authority. The Licensing Authority was in principle the relevant Minister, although in

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practice his or her functions were delegated to officials in the Medicines Division of [the Department of Health] (medicines for human use). They received advice from a number of committees of experts set up under Section 4 of the Medicines Act, known as the 'Section 4 committees'.

"(3) Responsibility for the granting, renewal, variation, suspension and revocation of licences was given by the Medicines Act to the 'Licensing Authority'. Under the Act 'the Health Ministers' and 'the Agriculture Ministers', ie the Secretary of State for Health, the Minister of Agriculture, Fisheries and Food and the corresponding Ministers in Northern Ireland, Scotland and Wales, comprised the Licensing Authority, although any one of them acting alone was permitted to perform its functions. In practice, the functions of the Licensing Authority in relation to medicines for human use in the UK were, throughout the period of 1985-96, performed by the Secretary of State for Health."

I will come back to that date. I think that is just an artefact of a report, and is something which also applied up to the earlier period as well.

"(4) Although formally the Secretary of State for Health acted as the Licensing Authority for human

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medicines, in practice his or her functions were delegated to officials working in the Medicines Division of [the Department of Health] (and, after April 1989, officials working for the Medicines Control Agency (MCA)), subject to the normal legal principles relating to the extent to which ministerial functions may be delegated.

"(5) The arrangements meant that product licences were physically granted by officials, not by the Minister, although I remained accountable for them.

"The Medicines Act 1968 required that Ministers establish a Medicines Commission, made up of professionals with 'wide and recent experience' in the practice of medicine and pharmacy. The Commission was required to advise the Ministers making up the Licensing Authority on matters relating to the execution of the Act and on medicines generally where the Commission considered it expedient or when requested by Ministers. It also acted as an appeal body in respect of advice given to the Licensing Authority by the Section 4 committees.

"(7) The Committee on the Review of Medicines (CRM) was established to review the safety, quality and efficacy of medicines that had been on the market

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1 before the Medicines Act introduced licensing
2 requirements. At that time these products were
3 granted licences of right.
4 "(8) The Committee on Dental and Surgical
5 Materials (CDSM) advised on questions of the safety,
6 quality and efficacy of dental and surgical materials.
7 "(9) The Committee on the Safety of Medicines
8 (CSM) advised on questions of the safety, quality and
9 efficacy of human medicines that fell outside the
10 remit of the CDSM and the CRM. The Biologicals
11 Sub-Committee was one of the Sub-Committees reporting
12 to the CSM.
13 "(10) The Licensing Authority was required to
14 consult the relevant section committee (or if there
15 was none, the Medicines Commission) in certain
16 circumstances, for example, when it was minded to
17 refuse an application for a product licence or
18 suspend, vary or revoke a licence. Otherwise,
19 officials had a discretion whether to seek advice from
20 the Section 4 committees in relation to any particular
21 product.
22 "(11) The licensing regime for human and
23 medicinal products was operated by officials in the
24 Medicines Division in [the Department of Health and
25 Social Security]. This Division was organised in

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1 three parallel structures: medical staff,
2 pharmaceutical staff and administrative staff.
3 Responsibility for staff and these structures was
4 essentially divided along professional/administrative
5 lines. The professional staff reported to the Senior
6 Principal Medical Officer (SPMO) or the Chief
7 Pharmaceutical Officer and the administrative staff
8 reported to the Under Secretary.
9 "(12) The National Institute for Biological
10 Standards and Control (NIBSC) was established under
11 the Biological Standards Act 1975 in order to secure
12 high standards of quality, safety and efficacy and
13 consistency of biological substances used in
14 medicines. In fulfilling this role it devised
15 standards for the quality, purity and potency of
16 biological substances, tested batches of biological
17 products on behalf of DHSS, carried out research and
18 advised a number of bodies, including Medicines
19 Division of DHSS and its Section 4 committees. NIBSC
20 staff were members of the BSC [and the] CSM.
21 "(13) EC regulation of human medicinal products
22 was introduced with the adoption of Council Directive
23 65/65/EEC."
24 That was introduced on 26 January 1965, so
25 before the United Kingdom entered what was then the

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1 European Economic Community.
2 "Its framework was similar to that of the
3 Medicines Act: it was based on the grant of
4 a 'marketing authorisation' by the competent authority
5 of the Member State in question (ie a decentralised
6 system). No product within the scope of the Directive
7 can be placed on the market in a Member State unless
8 an authorisation had been issued by the competent
9 authority of that Member State. No new legislation
10 was introduced to implement Directive 65/65/EEC."
11 I take that to mean no new legislation within
12 the United Kingdom.
13 "The competent authority of the [United Kingdom]
14 for the purposes of the Directive was the Licensing
15 Authority. Additional measures were introduced in
16 1975, including mechanisms for the recognition by all
17 member states of product licences granted by an
18 individual state. The Committee for Proprietary
19 Medicinal Products (CPMP), a scientific committee, was
20 also established; this advised the Commission ..."
21 Pause there to note that that's the European
22 Commission:
23 "... on issues of safety, quality and efficacy
24 in much the same way as the CSM advised the Licensing
25 Authority in the UK.

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1 "(14) This Chapter of the BSE report goes on to
2 refer to the Evans-Cunliffe report commissioned in
3 1987 ..."
4 That is something, sir, that we will come back
5 to shortly.
6 That, sir, is where I leave Lord Fowler's
7 evidence. The key points that we take from that
8 evidence on the structures are these: first, products
9 were licensed by the Licensing Authority, in
10 particular that was a reference to the Secretary of
11 State for Health, but also other Ministers. In
12 practice, the function was delegated to officials
13 working within the Medicines Division of the DHSS.
14 From 1989, the functions were undertaken by the
15 Medicines Control Agency, following a reform of the
16 Medicines Division. The Medicines Control Agency was
17 a self-financing agency within the Department of
18 Health.
19 Those officials to whom that function was
20 delegated could take advice from what we'll refer to
21 as the Section 4 committees, they were listed in
22 Lord Fowler's evidence but, for our purposes, the key
23 ones are the Committee on the Safety of Medicines and
24 the subcommittee, which is the Biologicals
25 Subcommittee of the Committee on the Safety of

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(2) Pages 5 - 8

1 Medicines.

2 **SIR BRIAN LANGSTAFF:** The Biologicals Subcommittee was

3 a subcommittee of the CSM?

4 **MR HILL:** That's right.

5 **SIR BRIAN LANGSTAFF:** So it would give its advice or

6 recommendation to the CSM and the CSM would, as

7 a Section 4 committee, give its advice to the

8 Licensing Authority; is that correct?

9 **MR HILL:** That is correct, sir. We will come on to

10 a little bit of evidence from Sir Joseph Smith shortly

11 that describes that in practice.

12 There was also a body called the

13 Medicines Commission. This also provided advice,

14 including on how to set up the Section 4 committees

15 and what they should be doing and how they should be

16 constituted. It also acted as a de facto appeals

17 body: if the CSM or the CSM(B) advice was to reject an

18 application the company could then appeal to the

19 Medicines Commission.

20 In addition to those bodies --

21 **SIR BRIAN LANGSTAFF:** What was the effect if it allowed an

22 appeal?

23 **MR HILL:** The effect would be that its advice to the

24 minister would be that, for example, a product licence

25 should be granted, but ultimately the Licensing

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1 licensing process.

2 That, sir, is the outline. I would like now to

3 just go into a little bit more detail about some of

4 the provisions of the Medicines Act 1968, and you'll

5 be pleased to hear, and I'm sure everybody will be

6 pleased to hear, that I don't intend to go through

7 every one of the 300 pages of it, but we will just

8 pick up a few of the points from it.

9 First, the question of what factors were

10 relevant to determining the application for a licence.

11 Section 19 of the Act provides a non-exhaustive list,

12 and the three key themes are safety, efficacy and

13 quality, and you will have heard those mentioned in

14 Lord Fowler's evidence.

15 That's found in Section 19(1). Those are also

16 the three areas on which the Section 4 committees were

17 permitted to advise. That is, Section 4(3)(a).

18 For imported products, the Licensing Authority

19 would also consider, and I quote:

20 "... the methods, standards and conditions of

21 manufacture of those products ..."

22 That's Section 19(3).

23 The manufacturer's operation, premises,

24 equipment and the qualification of its staff and of

25 its recordkeeping were also to be considered.

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1 Authority would be the one that was taking --

2 **SIR BRIAN LANGSTAFF:** So ultimately the minister -- or the

3 Licensing Authority, all the ministers who composed

4 that authority, would have to make a decision?

5 **MR HILL:** That's right, sir.

6 **SIR BRIAN LANGSTAFF:** Did it ever happen?

7 **MR HILL:** There were certainly appeals to the Medicines

8 Commission. I don't -- I can't say off the top of my

9 head how many of those were successful or what the

10 outcome of those was. As it was advisory, it would

11 not necessarily be a firm appeal allowed or appeal

12 dismissed; it may be our advice is that further

13 information needs to be gained on this particular

14 topic. But if that information is gained then we

15 would recommend that a licence be given. So it's not

16 a judicial body, as it were, saying yes or no, instead

17 it's got a wider remit.

18 In addition to those bodies there is the

19 National Institute for Biological Standards and

20 Control. This was established under a separate Act

21 but it carried out certain functions which are

22 relevant to licensing. It provided advice to the CSM

23 and the CSM(B). The staff from the NIBSC might sit on

24 some of the Section 4 committees, and it would also

25 carry out testing, for example, as part of the

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1 That's Section 19 (5). That is, as I say,

2 a non-exhaustive list. There isn't a single checklist

3 which the Licensing Authority had to go through, but

4 those are matters that the legislation said that

5 it should consider when fulfilling its functions.

6 The Act also specified certain factors that the

7 Licensing Authority should not take into account.

8 Section 22, that's 20(2), provided that the Licensing

9 Authority could not refuse a licence on the grounds of

10 price, and cannot make a licence provisional on the

11 product being sold at a particular price.

12 So it is not the function of the Licensing

13 Authority to try to regulate the price of the

14 medicines.

15 Section 19(2) provided that when assessing how

16 efficacious a product is -- "efficacious" is the word

17 used in the Act; I take it to mean how effective the

18 product was at doing what the product should be doing,

19 so how effective the indigestion pill is at getting

20 rid of indigestion.

21 When assessing how efficacious the product is,

22 the Licensing Authority should not take into account

23 whether or not another product is equally or more

24 efficacious, although when it's discussing or

25 considering the safety of a product, it could take

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(3) Pages 9 - 12

1 into account the fact that a safer product was just as
2 effective or was more effective.

3 So the Licensing Authority is not there to
4 say: we're not going to licence this product because
5 there is another one that does the same thing just as
6 well. But if there is a safety concern, that is
7 a matter that it can take into account.

8 The next point that I would turn to is something
9 that was mentioned by Lord Fowler, that the
10 Licensing Authority shall not refuse a licence on
11 grounds of safety, quality and efficacy, without
12 consulting the relevant Section 4 committee, or if
13 there wasn't time, the Medicines Commission.

14 Now, that's in Section 20(3). That meant that
15 the Medicines Division could grant a licence without
16 consulting the Section 4 committees, but it couldn't
17 refuse one. That may be of some relevance to
18 something that comes up later in the presentations.

19 The Licensing Authority can make a licence
20 provisional on undertakings from a manufacturer of an
21 imported product, and some of the types of undertaking
22 that could be sought were given in Section 19(3) of
23 the Act. They are things like the licence won't be
24 granted unless the manufacturer of the product gives
25 an undertaking to permit inspection of the

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1 manufacturer's premises by or on behalf of the
2 Licensing Authority. The undertaking could be to
3 comply with certain prescribed conditions that are
4 part of the licence, but, as we've seen, you can't use
5 that to get around the prohibition on setting the
6 price of the product.

7 The undertaking might be to give a declaration
8 that the product complies with the laws of the country
9 in which it is manufactured.

10 The length of time that the licence lasts was
11 set by Section 24 of the Act. The rule was that a
12 licence granted under the Act would last for
13 five years. The licence holder could apply for it to
14 be renewed. Where an application under the Act for
15 renewal had been made, then the licence, and I quote:

16 "... shall not cease to be in force ... before
17 the licensing authority have determined the
18 application."

19 That's section 24(6).

20 The Inquiry's understanding of these provisions
21 is that if a product was granted a licence in, say,
22 1975, that licence would run until 1980. If, before
23 1980, the licence holder applied for a renewal, then
24 the product would continue to be licensed until that
25 application was considered and decided, even if that

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1 ran past 1980.

2 In such circumstances -- and we will see this in
3 some of the papers that we look at shortly -- the
4 renewed licence would run from the time of the expiry
5 of the old licence, rather than the time that the
6 decision was made.

7 As I say, sir, that is our understanding. There
8 may be further evidence that you hear on this which
9 changes that understanding. At present, that is how
10 we understand the process to have worked.

11 There was a power to suspend, vary or revoke
12 a licence subject to the procedures set out in the
13 Act, and that power and those procedures are found at
14 Sections 28 to 30.

15 A licence could be suspended, varied or revoked
16 on a number of grounds, including that the application
17 for the licence was false or incomplete,
18 Section 28(3)(a); that there had been a material
19 breach of a provision of the licence,
20 section 28(3)(b); and, and I quote here:

21 "... that medicinal products of any description
22 to which the licence relates can no longer be regarded
23 as products which can safely be administered for the
24 purposes indicated in the licence, or can no longer be
25 regarded as efficacious for those purposes."

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1 That's section 28(3)(g).

2 I also note, sir, that appropriate ministers
3 were given powers to make regulations governing
4 product labelling and packaging, and those powers were
5 backed by a criminal sanction for some breaches.
6 That's at sections 85 to 91.

7 That is the overview of how products would be
8 licensed under the Act, but it's important to note
9 that there are exemptions which are contained in the
10 Medicines Act 1968 as well.

11 The position was that, without a licence,
12 a company was, in effect, prohibited from selling,
13 supplying, exporting or importing a product, unless
14 one of these exemptions applied, and prohibition is
15 found in Section 7. For the Inquiry's purposes, two
16 exemptions are of particular relevance. The first is
17 the named patient basis, and the second is for
18 clinical trials exemption. We turn first to the named
19 patient basis.

20 The Act allowed doctors and dentists -- there is
21 also some provisions for pharmacists as well, but for
22 the purposes of simplicity, sir, I'm just going to
23 refer to doctors during this presentation.

24 Sir, the Act allows doctors to import
25 a medicinal product to his order, and I quote "for

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(4) Pages 13 - 16

1 administration to a particular patient of his".
 2 That's at Section 9(1) and a similar provision
 3 is at section 13(1).
 4 So the doctor can import a product without
 5 a licence if it's to be administered to one of his
 6 patients -- the gender is expressed in the Act.
 7 So that was the basic position as set out in the
 8 1968 Act.
 9 In November 1978, certain restrictions were
 10 introduced on products imported under a named patient
 11 basis by the Medicines (Exemption from Licences)
 12 (Importation) Order 1978. That is SI 1978-1461.
 13 In brief, those restrictions were: the importer
 14 of the product had to inform the Licensing Authority
 15 within 21 days of the first receipt of a product.
 16 That's Article 3(a).
 17 The second restriction was that no advertising
 18 or representation was allowed for such products. They
 19 could only be provided, and I quote the statutory
 20 instruments:
 21 "... in response to a bona fide unsolicited
 22 [offer]."
 23 The third restriction is that written records
 24 should be kept and maintained, and would be made
 25 available to the Licensing Authority on request.

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1 Medicines Act ..."
 2 Have made the order that follows.
 3 Further work, sir, will be undertaken on trying
 4 to understand how the Act operated in practice across
 5 the four countries of the United Kingdom, but it can
 6 be seen here that there is a joint and a central
 7 approach to this piece of legislation, and it is our
 8 understanding that most licensing decisions were taken
 9 centrally, most were taken within the Department of
 10 Health, and we will look to see whether or not there
 11 was any variation over the course of the evidence that
 12 we hear.
 13 If we turn, please, Soumik, to the second page.
 14 We can see that this is referring back to -- it is
 15 a statutory language and it refers back to the
 16 previous articles within this order, and indeed to
 17 the Act, and it's talking about the exemption on the
 18 named patient basis.
 19 The first point that I would draw out is that
 20 you can see in 4(1)(a) that there is now a requirement
 21 that in order to make use of the named person
 22 exemption:
 23 "... the person importing a medicinal product
 24 which is the subject of that exemption has given or
 25 sent to the licensing authority, prior to each such

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1 So that is, 1978, 10 years after the initial
 2 Act. You see the introduction of this order to put in
 3 place those provisions.
 4 From June 1984, further restrictions were
 5 introduced in the form of The Medicines (Exemption
 6 from Licences) (Importation) Order 1984.
 7 It might be helpful to have this onscreen,
 8 please, Soumik. It's PRSE0000177.
 9 If we look, sir, first at the top of the
 10 statutory instrument, you can see its title. You can
 11 see that it was made on 14 May 1984, it was laid
 12 before Parliament on 16 May 1984, and it came into
 13 operation on 6 June 1984.
 14 Then you can see underneath the various
 15 ministers who have been involved in the implementation
 16 of this legislation and, as per Lord Fowler's
 17 statement, the first reference is:
 18 "The Secretary of State concerned with health in
 19 England, the Secretaries of State respectively
 20 concerned with health and with agriculture in Wales
 21 and in Scotland, the Minister of Agriculture,
 22 Fisheries and Food, the Department of Health and
 23 Social Services for Northern Ireland and the
 24 Department of Agriculture for Northern Ireland, acting
 25 jointly, in exercise of powers conferred by ... the

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1 importation, a notice in writing which states his
 2 intention to import that medicinal product for sale or
 3 supply in the circumstances specified ..."
 4 So whereas previously the requirement was to let
 5 the Licensing Authority know once you have received
 6 the product, now you have to give prior notice.
 7 We can see, in 4(1)(a)(i), (ii), (iii) and (iv),
 8 some of the information that you needed to provide
 9 when giving that prior notice: the name of a product,
 10 each active constituent -- then at point (iii), this
 11 is important because it's introduced by this Act for
 12 the first time, the quantity of that medicinal product
 13 which is to be imported. Then the name and the
 14 address of the manufacturer.
 15 Then on to (4)(b):
 16 "the person importing a medicinal product which
 17 is the subject of that exemption has given or sent to
 18 the licensing authority, together with the notice
 19 referred to in paragraph 1(a) an undertaking in
 20 writing
 21 "(i) [that the] quantity of that medicinal
 22 product which is imported in accordance with the
 23 notice referred to in paragraph 1(a), does not exceed
 24 such quantity as will be sufficient for 25 single
 25 administrations or for 25 courses of treatment not

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(5) Pages 17 - 20

1 exceeding 3 months."

2 Again, sir, this is a new provision which is

3 introduced in the Act, and you can see that the effect

4 is to limit the amount of product that can be imported

5 on a named-patient basis. Our understanding --

6 **SIR BRIAN LANGSTAFF:** On one occasion?

7 **MR HILL:** Precisely, sir. Our understanding of that is

8 that it is 25 courses of treatment for that named

9 patient, so if you have two named patients, then you

10 can have another 25.

11 **SIR BRIAN LANGSTAFF:** But is there anything to stop the

12 clinician concerned, as he gets towards the end of the

13 three months, saying, "I'm going to do this for

14 another three months"?

15 **MR HILL:** No, but I would require --

16 **SIR BRIAN LANGSTAFF:** Further communication?

17 **MR HILL:** Yes, yes.

18 **SIR BRIAN LANGSTAFF:** So it requires further writing of

19 letters?

20 **MR HILL:** Yes, but what it does allow, for the first time,

21 is for the Department to be aware, if it is able to

22 trace through those letters, of the quantity of

23 material that is being imported on the named patient

24 basis. So far as I'm aware, the previous legislation,

25 primary and secondary, didn't allow for that.

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1 the name and address of the manufacturer, and if

2 different the supplier, assembler:

3 "in respect of [a supply or sale] of that

4 medicinal product, specifying the name and address of

5 the person to whom that medicinal product is sold or

6 supplied, the quantity and the date of such sale or

7 supply ..."

8 There is also a provision that follows that

9 those records should be kept for five years.

10 The next Article to which I will draw your

11 attention, sir, is 4(c). Then is again a requirement

12 in order to get the exemption, and for the exemption

13 to hold, and I quote:

14 "the licensing authority have not, before the

15 end of the specified period, given or sent to the

16 person proposing to import that medicinal product

17 a notice in writing stating that the provisions of

18 this Order shall not apply to anything which the said

19 person proposes to do which consists of importing or

20 selling or supplying that medicinal product because --

21 "(i) any conditions specified in the preceding

22 sub-paragraphs of this paragraph is not satisfied, or

23 "(ii) the licensing authority have reasonable

24 cause to believe that that medicinal product cannot be

25 regarded as a product which can safely be administered

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1 The next provision is that the person seeking

2 the exemption:

3 "... will inform the Licensing Authority

4 forthwith of any matter coming to his attention which

5 might reasonably cause the licensing authority to

6 believe that the medicinal product can no longer be

7 regarded either as a product which can be safely

8 administered to human beings or as a product which is

9 of satisfactory quality for such administration ..."

10 Again, sir, that is a new provision, and you

11 will see that it echos, not precisely, but it echos

12 the wording of the 1968 Act about when you can revoke

13 or vary or suspend a licence.

14 The next provision, and this is an updating of

15 the provision that was in the 1978 order, and I quote:

16 "he will not at any time issue or cause another

17 person to issue any advertisements or make any

18 representation in respect of that medicinal product

19 and that he will sell or supply that medicinal product

20 only in response to a bona fide unsolicited

21 [offer] ..."

22 Then the next provision is about written records

23 and you can see it goes into more detail than the 1978

24 Act does about what those records should contain and

25 includes the name and quantity of a medicinal product,

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1 to human beings or is not a product which is of

2 satisfactory quality for such administration."

3 **SIR BRIAN LANGSTAFF:** So this is the teeth which the

4 Authority has in respect of prior notice? So instead

5 of telling the authority you've brought the product in

6 and may well have used it, you now have to say, "I'm

7 going to do it", and the authority can say, "Well,

8 sorry, this order doesn't apply". If the order

9 doesn't apply, you don't have exemption; you don't

10 have exemption, you can't do it.

11 **MR HILL:** That's correct, sir.

12 **SIR BRIAN LANGSTAFF:** Right.

13 **MR HILL:** Though the following provision is that the

14 specified period means 28 days. So the person seeking

15 the exemption provides the notice, if within that

16 28 days the Licensing Authority doesn't do what you

17 have just said, then the exemption will apply. So

18 it's not a case that you have to wait for the

19 Licensing Authority to say yes.

20 **SIR BRIAN LANGSTAFF:** They've got to act fairly quickly?

21 **MR HILL:** Yes.

22 Sir, the final point I would draw your attention

23 to, paragraph -- Article 6 of the order, right at the

24 end. You can see:

25 "The Medicines (Exemption from

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(6) Pages 21 - 24

1 Licences)(Importation) Order 1978 is revoked."
 2 That was the previous order that we were talking
 3 about, so this supplanted it. We will see that it is
 4 signed by Kenneth Clarke, Minister of State for the
 5 Department of Health and Social Security and the
 6 Secretary of State for Wales, Nicholas Edwards,
 7 George Younger, Secretary of State for Scotland,
 8 Michael Jopling, Minister of Agriculture, Fisheries
 9 and Food, the Permanent Secretary of the Department of
 10 Health and Social Services for Northern Ireland, and
 11 the Department of Agriculture for Northern Ireland,
 12 Under-Secretary. So that, sir, then is the 1984
 13 order.

14 You may feel, sir, that in the --

15 **SIR BRIAN LANGSTAFF:** Do we have any information as to why
 16 it was only six years after the earlier order that
 17 this was introduced?

18 **MR HILL:** It is something, sir, that we will be exploring,
 19 a theme to explore during the presentations that we're
 20 about to embark into.

21 **SIR BRIAN LANGSTAFF:** I mean, it gives rise to a suspicion
 22 that the Department thought that there might be good
 23 reason to control the named-person exemption, because
 24 it had led, in some cases, it was thought or
 25 suspected, to unsafe products being used.

25

1 **MR HILL:** I would agree with all of that, sir, save for
 2 the question about whether or not unsafe products were
 3 used. There may be a feeling that it has been used to
 4 circumvent the licensing procedure too much. That
 5 could give rise to the use of unsafe products, or it
 6 could just be a concern that there is a potential or
 7 a risk of products which haven't gone through the same
 8 checks for safety, efficacy and quality of being
 9 imported into the UK market.

10 **SIR BRIAN LANGSTAFF:** I wasn't suggesting it was
 11 an inference that could be drawn.

12 **MR HILL:** No.

13 **SIR BRIAN LANGSTAFF:** But I was suggesting that at least
 14 it opened your eyes to the possibility that that might
 15 have been in the minds of those who were proposing
 16 this order.

17 **MR HILL:** Certainly, sir, and there is evidence that you
 18 will hear in the coming days which I think supports
 19 that. Obviously, others will have their own view of
 20 that evidence but it will be my submission that there
 21 is evidence that supports it.

22 **SIR BRIAN LANGSTAFF:** Thank you.

23 **MR HILL:** If we turn away from the named-patient exemption
 24 to the second exemption, and that is clinical trials.
 25 The 1968 Act set out at section 31 and sections 35 to

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1 39 a regime in which a clinical trial could be
 2 undertaken. These were supplemented over time by
 3 various orders made by ministers, including the
 4 medicines exemption from licences, clinical trials
 5 order of 1974, which is SI1974/298.

6 I won't try, sir, to take you through all of the
 7 relevant provisions but the initial position under the
 8 1968 Act was that a product licence -- a product could
 9 be used in a clinical trial if, firstly, a product
 10 licence authorised its use in that trial, so there was
 11 an actual licence which said it could be done. That's
 12 section 31(4)(a), or if a clinical trial
 13 certificate -- sometimes referred to as a CTC -- was
 14 issued, so that's section 31(4)(b), so if a person who
 15 is seeking to include a product in a trial applies for
 16 a certificate rather than a licence.

17 Sections 31(5) and 31(6), in our understanding,
 18 allow a product to be used in a clinical trial on
 19 a named-patient basis. So if you're importing the
 20 product on the named-patient basis, that patient can
 21 be entered into a clinical trial.

22 Under Article 2(4) of the 1974 order, if
 23 a person intending to sell, supply or import the
 24 product notified the Licensing Authority of a proposed
 25 clinical trial and provided details of it, and the

27

1 Licensing Authority had agreed to that exemption, then
 2 the product could be used as well. So that's not
 3 a certificate, it's not a licence, it's a notification
 4 and agreement procedure.

5 In March 1981, the regime was changed by the
 6 Medicines Exemptions from Licences Clinical Trials
 7 Order of 1981. That introduced a clinical trials
 8 exemption scheme, sometimes referred to in the papers
 9 as a CTX, whereby the Licensing Authority could exempt
 10 a supplier from a product from a need to hold
 11 a clinical trial certificate for three years if
 12 certain undertakings were given, Articles 3 to 5 of
 13 the 1981 order.

14 The supplier would apply for the exemption
 15 providing details of the product and for trial,
 16 together with a certificate signed by a doctor, that's
 17 article 4. There would be a period of 35 days in
 18 which the Licensing Authority could inform the
 19 supplier that the scheme did not apply and, at the end
 20 of that period, the exemption would take effect.
 21 That's Article 4. So, again a similar negative
 22 consent procedure, rather than positive asset.

23 The supplier was required to inform the
 24 Licensing Authority of any adverse reactions or other
 25 matters that might reasonably cause the Licensing

28

(7) Pages 25 - 28

1 Authority to think that the product was not safe or
 2 satisfactory. That's Article 4(1)(c). Again, similar
 3 to the 1984 order that we have just looked at.
 4 **SIR BRIAN LANGSTAFF:** In advance or in retrospect?
 5 **MR HILL:** Well, the adverse reactions obviously has to be
 6 in retrospect but any other matter that might
 7 reasonably cause the Licensing Authority to think that
 8 the product was not safe or satisfactory, that would
 9 seem to be an ongoing obligation.
 10 The Licensing Authority had powers to terminate
 11 the exemption, including on grounds of safety. That's
 12 Article 5(2). So you may feel, sir, that, in contrast
 13 to the named-patient basis, where we see a tightening
 14 of restrictions there is a greater degree of
 15 flexibility which is introduced by these orders over
 16 time, in terms of the clinical trials process.
 17 So those were the legislative provisions, sir.
 18 I'm now going to turn to a little evidence about how
 19 the process operated in practice. It's intended to
 20 provide an introduction about the general structures
 21 and processes, further evidence is going to be called
 22 in due course and you will, of course, sir, want to
 23 consider all that before making any findings. This is
 24 really just by way of introduction.
 25 The first bit of evidence, please, Soumik, is

29

1 forgive me, Soumik -- it's on page 8. Sir Joseph
 2 describes the way in which the work of the NIBSC was
 3 divided. We go down to 2.9 on the same page, he talks
 4 about:
 5 "The wide variety of different biological
 6 products necessitated a corresponding range of
 7 scientific disciplines at the NIBSC. During my time
 8 as Director, the Institute had five scientific
 9 Divisions ..."
 10 He lists them. For our purposes the important
 11 one is blood products.
 12 He then goes on, at the bottom of that paragraph
 13 and the next page, to talk about how the work of that
 14 Department can be broadly divided into three areas:
 15 standardisation, control and research. For today's
 16 purposes it is the controlled work of the NIBSC which
 17 is of interest to us. That is at 2.11. I read from
 18 his statement, he says:
 19 "The control work of the NIBSC included the
 20 evaluation of medicinal products before and after
 21 licensing, and advice was given to the Licensing
 22 Authority and the Committee on the Safety of Medicines
 23 on applications for product licences and clinical
 24 trials certificates for biological products. The
 25 NIBSC also had a part to play in the batch release

31

1 WITN5281001. This is the written statement of
 2 Sir Joseph Smith dated 25 June 2021. This version,
 3 sir, is the unsigned but approved evidence that we
 4 disclosed prior to witnesses giving evidence in the
 5 summer. For these purposes, I don't think it matters,
 6 sir, I don't think this evidence is in any way
 7 contentious, it is merely Sir Joseph discussing some
 8 aspects of how the licensing process works.
 9 If we could turn first, please, Soumik, to page
 10 3, and paragraph 0.2. We can see, Sir Joseph setting
 11 out the positions that he held. He was the director
 12 of the National Institute for Biological Standards and
 13 Control, that's NIBSC, from 1976 to August 1985. He
 14 was the Director of the Public Health Laboratory
 15 Service from August 1985 to 1992. He sat on the
 16 Committee on the Safety of Medicines from 1978 to
 17 1986, and he was the Chairman of the Committee on the
 18 Safety of Medicines Subcommittee on Biological
 19 Products from 1981 to 1986.
 20 You have heard evidence, sir, of the meeting of
 21 13 July 1983 of the Committee on the Safety of
 22 Medicines Biologicals Subcommittee and it was
 23 Sir Joseph who was in the chair at that meeting where
 24 the steps in response to AIDS were discussed.
 25 If we could turn to paragraph 2.7, which is --

30

1 process, which was applied by the Licensing Authority
 2 of the DHSS to manufacturers of certain biological
 3 products and required them to submit to the NIBSC, on
 4 a batch-to-batch basis, protocols describing the
 5 results of in-process tests made during the
 6 manufacture, and, in the majority of cases, samples of
 7 all such batches. The samples could include, in
 8 addition to the finished product, bulk and in-process
 9 materials, the control of which is essential to ensure
 10 the quality and safety of biological medicinal
 11 products. A batch release order could require that
 12 marketing or supply of any batch shall not take place
 13 without the issue of a formal release certificate by
 14 the Board on behalf of the Licensing Authority. This
 15 type of order was known as a 'full stop order'. Such
 16 orders were usually judged to be necessary for new
 17 biological products, and sometimes remained in force
 18 permanently, as in the case of potentially hazardous
 19 products, such as live virus vaccines. In other
 20 cases, satisfactory control could be maintained by
 21 scrutiny of protocols only. Once satisfactory
 22 evidence had been provided for the manufacture
 23 produced a product of consistently acceptable quality
 24 and related safety, a batch release order might have
 25 been partially relaxed or completely withdrawn.

32

(8) Pages 29 - 32

1 "The testing carried out by NIBSC on biological
2 products used in human medicines included testing
3 against the appropriate biological standard the
4 potency of submitted batches of biological products
5 which were the subject of a UK product licence or
6 clinical trials certificate application in the United
7 Kingdom, but may also have included other tests
8 relating to the purity and potency of the product ..."

9 He addresses those in paragraph 2.20, which
10 I won't take you to yet.

11 Paragraph 2.15, please, Soumik, on the next
12 page. This is about the Blood Products Division.
13 Sir Joseph Joseph said this:

14 "The Blood Products Division was established as
15 a separate entity within the NIBSC on 1 October 1976,
16 with the appointment of Dr Duncan Thomas as its Head
17 and the transfer of scientific and technical staff
18 from the former Division of Hormones and Blood
19 Products, which until then had been responsible for
20 the control of haematological materials. When I was
21 Director, the Blood Products Division was responsible
22 for controlling certain blood products, for preparing
23 International and British Standards, and for carrying
24 out related research."

25 I'll turn now to paragraph 2.20, to which

33

1 these materials gave negative results for HTLV III and
2 hepatitis B."

3 Turning to the remit functions and activities of
4 the Committee on the Safety of Medicines and the
5 Biologicals Subcommittee and his roles on those
6 committees, Sir Joseph says this:

7 "The CSM's primary role was to consider
8 questions relating to medicines licensing. The CSM
9 would regularly consider applications for product
10 licences and clinical trial certificates made by drug
11 manufacturers. These applications, including
12 applications to vary existing product licences as well
13 as applications for product licences for new products,
14 were referred to the CSM by the Licensing Authority
15 strictly speaking the Secretary of State, but in
16 practice the Medicines Division of the DHSS.
17 Applications for consideration by the CSM went in the
18 first instance to the Secretariat of the CSM and would
19 then be presented to the appropriate sub-committee.
20 The main sub-committee dealing with most
21 pharmaceutical products and a second sub-committee
22 dealing with biological products (the CSM(B)).

23 "As explained above ... biological products were
24 products which could not be assessed by physical and
25 chemical means alone, and required biological

35

1 Sir Joseph Joseph made an earlier reference. This is
2 again about the work of the Blood Products Division.
3 What he says is this:

4 "Apart from testing for purity and potency of
5 samples of blood products examined by the NIBSC, tests
6 for thrombogenicity (the tendency of a material to
7 generate blood clotting and/or thrombus, when in
8 contact with the blood) could be carried out, as well
9 as tests for certain blood borne infections where
10 these were available. For example, when I was
11 Director, samples were tested for hepatitis B antigen,
12 and later, when a test became available, for HTLV III.
13 It appears from the NIBSC report for April 1984 to
14 March 1985, that samples were being tested for HTLV
15 III by this time ..."

16 There is -- it follows a quotation from the
17 report which says:

18 "A total of 124 batches of manufacturers'
19 products was submitted, a slight fall from last year,
20 which was probably mainly due to the switch by
21 manufacturers at the end of 1984 to Factor VIII
22 preparations subjected to heat treatment ... The
23 batches included 18 from the Blood Products
24 Laboratory, Elstree, and 10 batches from the Protein
25 Fractionation Centre, Edinburgh. Tests at NIBSC on

34

1 standards against which to measure their potency.
2 This would include vaccines, certain antibiotics,
3 hormones and blood products. The CSM(B) was composed
4 of senior members of expertise appropriate to its work
5 out, that of assessing the safety of biological
6 medicines and their risk-benefit balance. They were
7 experienced in assessing the necessary biological,
8 clinical and epidemiological evidence contained in the
9 cases submitted for their consideration. Their
10 expertise included clinical infectious diseases,
11 clinical and experimental virology and bacteriology,
12 haematology, endocrinology, epidemiology and the
13 production of biological medicines. The
14 Sub-Committee's evaluations also benefited from the
15 assessments made by the medical and scientific staff
16 of the Medicines Division of the DHSS as well as the
17 views of the professional staff of the NIBSC. The
18 advice of the administrative and legal staff of the
19 Medicines Division could also be taken into account,
20 particularly regarding the requirements of the
21 Medicines Act, for example the need for
22 confidentiality.

23 "The conclusions and recommendations of the
24 CSM(B) would accompany the application papers when
25 they were considered by the CSM. The CSM would in

36

1 turn make recommendations to the Licensing Authority."
 2 That is, sir, as we discussed earlier. I would
 3 also draw your attention, sir, to a little later in
 4 the statement, paragraph 3.53 at page 44, please,
 5 Soumik. This is a further comment that Sir Joseph
 6 Smith makes. This in the context of the 13 July 1983
 7 meeting, but from the way the evidence is presented
 8 I think that it has a wider relevance as well.
 9 Paragraph 3.52:

10 "I am asked at question 12(b) ..."

11 That is a Rule 9 request that we sent him.

12 **SIR BRIAN LANGSTAFF:** We're on the wrong -- thank you.

13 **MR HILL:** Thank you.

14 "I am asked at question 12(b), what, if any,
 15 discussion there was at the CSM of the CSM(B)
 16 conclusions and, if there was any discussion, whether
 17 there is any reason why it was not recorded in the
 18 minutes."

19 As I say, sir, that relates to the 13 July
 20 meeting:

21 "I cannot recall there being much discussion on
 22 this occasion, or indeed on other occasions when the
 23 CSM(B) presented recommendations to the CSM, although
 24 the CSM would have read carefully any written
 25 information provided, CSM members generally agreed

37

1 was almost 20 years old, and the Medicines Division of
 2 the DHSS (which is the government department charged
 3 with implementation of licensing of medicines under
 4 the Act) was showing signs of overload. We were asked
 5 by Ministers to study the arrangements for the control
 6 of medicines, with the following terms of reference:

7 "'To examine the issues for DHSS arising from
 8 the continued increase in licence applications and
 9 other work under the Medicines Act and to recommend
 10 ways of dealing expeditiously with this work, while
 11 maintaining adequate standards for the safety,
 12 efficacy and quality of human medicines in the
 13 United Kingdom."

14 So that, sir, is what they were asked to do, and
 15 why they were asked to do it.

16 If we could turn, please, to paragraph 2.2.

17 This gives a little insight into the size of the
 18 Medicines Division at the time -- sorry, page 11.

19 Thank you, Soumik.

20 Paragraph 2.2 says:

21 "In all these activities, the greater part of
 22 the work in assessing applications and in issuing
 23 licences on behalf of Ministers is done in Medicines
 24 Division of DHSS, assisted by the Medicines Commission
 25 and a number of expert statutory committees ('the

39

1 with the CSM(B) in relation to its recommendations."

2 **SIR BRIAN LANGSTAFF:** So, in effect, it was
 3 a nodding through type process?

4 **MR HILL:** After consideration of the papers, yes.

5 **SIR BRIAN LANGSTAFF:** Yes, they'd read the papers.

6 **MR HILL:** They'd read the papers.

7 **SIR BRIAN LANGSTAFF:** Or had the papers to read anyway.

8 **MR HILL:** You will have further evidence, sir, from people
 9 who worked both on the CSM(B) and worked with the
 10 CSM(B), which will, we hope, provide more information
 11 about how things worked in practice. That is the
 12 evidence that we have from Sir Joseph at this point.

13 The final piece of evidence that I would draw
 14 your attention to, sir, at this stage, is the
 15 Evans-Cunliffe report, which was mentioned in
 16 Lord Fowler's evidence.

17 Soumik, can we have, please, WITN0771006. This
 18 is the front page of the report, and you can see it is
 19 by Dr Evans and PW Cunliffe, published in
 20 December 1987.

21 If we go to page 10, please, Soumik.

22 We can see the context of the report. I will
 23 read from it:

24 "Introduction.

25 "In the spring of 1987, the Medicines Act 1968

38

1 Section 4 Committees') of which the Committee on
 2 Safety of Medicines is probably the best known.
 3 Medicines Division comprises some 300 civil servants
 4 including 165 administrators, 97 pharmaceutical staff
 5 (mainly pharmacists) and 24 doctors, the most senior
 6 being two Grade 3 officers namely a Senior Principal
 7 Medical Officer and the administrative
 8 Under-Secretary."

9 I don't go to it now, sir, but table 3 at
 10 page 54 of this report contains more of a breakdown of
 11 how the size of the Medicines Division changed over
 12 the years.

13 A little further down page 11 we can see that
 14 the problem that had given rise to this report. This
 15 paragraph, sir, is also instructive in terms of the
 16 different types of licences that could be applied for.
 17 It's not a case that there was simply one form of
 18 application.

19 What the report says is this:

20 "There has been a progressive increase in the
 21 number of applications. Analysis is complicated by
 22 several factors, viz:

23 "i) different kinds of application impose quite
 24 different burdens upon the Division. The assessment
 25 of a novel kind of medicine (a 'New Active Substance')

40

(10) Pages 37 - 40

usually requires much more work than does that of the simpler ('Abridged') application for a medicine based on a familiar active ingredient; Clinical Trials Certificate and Exemption Certificates, Variations and Notifications are different again."

I'll pause there, sir, just to point out some of that terminology: the abridged application and the applications to vary an existing licence; two different matters to a new active substance licence which requires consideration from scratch.

If we go over to subparagraph (iii) on the next page, please, Soumik. Further evidence of the complexity, the report says:

"iii) even within one category -- say, Abridged applications -- there are marked differences in the complexity of the professional work needed in the Division. Such differences are hard to quantify, but the industry and DHSS staff agree that both New Active Substance and major Abridged applications are steadily becoming more complex. For example, medicines produced by recombinant DNA techniques present the assessors with quite new kinds of problem to solve."

Reading on, the report authors say:

"Table 2 shows DHSS figures for the numbers of applications received each year from 1976 to 1987,

41

without attempting any correction for this increase in complexity. The growth overall approximates to 5% per year. Table 3 shows how the Division's staff increased over the same period, with a commendable increase in efficiency."

I won't take you to those tables, sir, but they're for everybody to see if they wish to:

"The growing workload has brought problems. In particular, the time taken to deal with an application, measured from its receipt to the grant of licence, has grown to embarrassing dimensions ..."

A further table is given to show that:

"These times currently considerably exceed the period stipulated in EHC directives yet they are not necessary for the careful scrutiny of the data submitted nor do they contribute to its rigorous assessment; indeed, the public is the loser because new medicines take so long to get in the patients' hands. The delays are also commercially detrimental to the applicant companies; when it is remembered that a fairly run-of-the-mill new medicine might earn 1 million a year, and a very successful new active substance perhaps 50 million per year during its short patent life, it can be seen that each additional month's delay in issuing licences is costing companies

42

thousands, even millions, of pounds annually. And, of course, the taxpayer has an interest in a thriving UK pharmaceutical industry."

Paragraph 2.6 makes the point that delays of this kind are not confined to the UK but also found elsewhere.

Then if we go, please, to chapter -- to the following page, page 13, which is the chapter on "Complaints & Findings". I'm not going to go through all of the findings of the report or all of its recommendations, but this does, sir, I think, help to show a snapshot of what people were thinking about some aspects of the licensing system at the time when this report was being prepared in about 1987.

Paragraph 3.1:

"In this and the following chapter we summarise the current problems in relation to the control of medicines as perceived by those we consulted ..."

Pause there to say, sir, that there is a list of those who were consulted at the back of the report:

"... and discuss our own findings and conclusion about the strengths and weaknesses of the existing arrangements. Many of these conclusions are critical. Necessarily, we give the criticisms full weight and space, for they are the foundation on which we have

43

built our recommendations for improvement: but it is important to remember when reading them that the overall record of medicines control in the UK is a good one, and its reputation stands deservedly high. All countries have problems with delays and bureaucracy, and notwithstanding their complaints the consensus of those we consulted was that the UK system is still one of the best in the world -- it is by no means the slowest, and its record in protecting the public without inhibiting therapeutic innovation and progress is second to none. What follows, then, is intended as constructive criticism to help make a good system better.

"3.2. The principal complaints and difficulties made known to us were:-

"3.2.1 -- by senior management of DHSS.

": increasing workload is causing overload and delays

": too many applications are incomplete, slovenly or premature imposed constraints (eg the Treasury headcount) forbid taking on necessary staff
": difficulty in recruiting suitably experienced professional assessors

": appeals against licence refusals are very time-consuming."

44

1 So that's what the senior management of the DHSS
 2 said.
 3 The "consumer interests", so-called, said that
 4 the:
 5 "legislation was more favourable to the health
 6 of the pharmaceutical industry than to health of the
 7 consumer
 8 "more medicines are approved than are needed
 9 "undue secrecy about the nature and working of
 10 the medicine control process
 11 "undue secrecy about the grounds on which
 12 licensing decisions are taken
 13 "flaccid enforcement of the legal powers re
 14 promotion and advertising"
 15 The complaints by the industry were of:
 16 "delays
 17 "over-formalised procedures with too little
 18 informal communication
 19 "over-zealous pursuit of unnecessary detail
 20 ('nit-picking')
 21 "professional assessors lack experience.
 22 "frequent errors in documentation."
 23 The principal complaints and difficulties from
 24 the staff of the Medicines Division were the:
 25 "poor quality of many applications

45

1 "lack of secretarial and other support for
 2 professional staff
 3 "inadequate computing and unreliable database
 4 "structure of the division impedes good
 5 working and effective management."
 6 Finally, on the following page, principal
 7 complaints by "others":
 8 "the scope of the legislation should be
 9 extended to bring additional items under control."
 10 Then if we go to paragraph 3.4, the report's
 11 authors talk about where there weren't complaints:
 12 "Rather to our surprise there were two
 13 significant omissions from the list of criticisms.
 14 Even though we gave ample opportunity for the issue to
 15 be raised, those we consulted did not particularly
 16 condemn the amount of data required in support of
 17 licence applications, for new drugs. And we found
 18 that although many of those we consulted would like to
 19 see the Medicines Act 1968 changed in one respect or
 20 another (some favouring tightening its provisions,
 21 others the reverse) there was almost universal
 22 reluctance to see its amendment lest more be lost than
 23 was gained by disturbing the present balance of
 24 conflicting interests."
 25 Those then, sir, are the times of criticisms

46

1 that the report's authors received during their work.
 2 I stress this is from 1987, so it is a snapshot in
 3 time, and it may not apply earlier, it may not apply
 4 later. I also stress that this is a report into the
 5 licensing of medicinal products broadly, across the
 6 board, and not just blood products.
 7 Finally, sir, if we could go to pages 6 and 7 --
 8 please, Soumik. Could we have page 7 on the split
 9 screen with it, please.
 10 I won't go through all these, sir, but these are
 11 a summary of the recommendations that were made. You
 12 can see that they are divided into organisational
 13 recommendations, new technology, staffing and
 14 personnel, improved procedures.
 15 Then if we go -- I won't ask for it to be
 16 brought up, but there are also recommendations about
 17 expert drug reaction monitoring, expert advisory
 18 committees, appeals and finance.
 19 So that is the series of recommendations that
 20 the report made. I confess I haven't followed through
 21 precisely how they were implemented, but I do note
 22 that it was a couple of years later that the Medicines
 23 Control Agency took effect within the Department of
 24 Health, taking on the work that had previously been
 25 done by the Medicines Division.

47

1 That, sir, concludes the presentation that I'm
 2 giving now on licensing, the overview. Much more can
 3 and, I'm sure, will be said on licensing during the
 4 course of the evidence that you hear, and on the other
 5 functions of some of the bodies that we have
 6 mentioned. But, for now, I will leave it there.
 7 I note the time, sir, and we'll be moving on to
 8 the pharmaceutical companies shortly.
 9 **SIR BRIAN LANGSTAFF:** Yes, well we'll take a break
 10 until 11.45.
 11 **MR HILL:** Thank you, sir.
 12 **(11.10 am)**
 13 **(A short break)**
 14 **(11.45 am)**
 15 **MR HILL:** Sir, we turn then to the presentations from your
 16 team on the pharmaceutical companies, and these will
 17 take place over the next two weeks. Perhaps it will
 18 help if I say a word about what will and will not be
 19 covered in that time, and about the approach that we
 20 have taken.
 21 The first phase of these presentations will be
 22 a company-by-company approach, looking at the main
 23 importers of blood products to the UK market in the
 24 1970s and the 1980s in particular. Those being
 25 Immuno, Hyland, Armour, Air Cutter and Abbott Alpha.

48

(12) Pages 45 - 48

1 There will also be a presentation on the UK-based
 2 company, Speywood, which is a slightly different
 3 category.
 4 The focus of these presentations will be on the
 5 following matters. First, the UK licensing of the
 6 products, and the use of the products within the UK;
 7 second, communication of risk in respect of those
 8 products, particularly within the UK; third, the
 9 donors whose plasma was used to produce the products;
 10 and fourth, other contacts and communication between
 11 the companies and people, organisations, within the
 12 UK.
 13 That is a general outline of the structure to
 14 help give some shape to it. There is obviously a lot
 15 of overlap between those areas, and so there is not
 16 a clear delineation, but those are the types of areas
 17 that we will be considering.
 18 Due to the materials that are available to us,
 19 we are able to say more about some companies than we
 20 are about others and we are able to say more about
 21 some areas for some companies than we are for others.
 22 To give an example, Immuno, who we will be talking
 23 about today, we have quite a lot of documentation
 24 about the licensing process, so it is a good way of
 25 exploring that process through the Immuno documents.

49

1 a particular point in time and, in particular, we
 2 would invite everybody to keep in mind the distinction
 3 to be made between the parent company, based in these
 4 instances in the United States -- or in the case of
 5 Immuno, in Vienna -- and a UK-based subsidiary or
 6 a company that is connected with the parent company,
 7 which is based in the United Kingdom, and the
 8 interaction between those different entities will be
 9 of some interest.
 10 The UK-based companies, as we will see from the
 11 papers, were often reliant on the parent company not
 12 just for the product but also for the data that was
 13 used in the licensing process and for the packaging
 14 and for the labelling.
 15 The second reason why we will touch upon the
 16 corporate structures is to explain where and why the
 17 Inquiry has sought materials from particular sources,
 18 what lawyers call "the disclosure exercise". It helps
 19 to understand what has been looked for, what has been
 20 found, and how we have approached that process. The
 21 picture is invariably complex and it will not be
 22 something that we go into in detail in the oral
 23 presentations, but witness statements will be
 24 disclosed to help people to understand where it is
 25 that we have looked and why we have looked there.

51

1 For Hyland, we have a little more about donors, so it
 2 is not a case that we will be able to say exactly the
 3 same sets of things about the different companies.
 4 But we hope to cover the ground fairly expeditiously
 5 and, we hope, without too much repetition. The going
 6 will be slow at first but we hope we will be able to
 7 pick up the pace as we go on.
 8 In November, there will be a further
 9 presentation, and that presentation will be about the
 10 response of those companies -- not so much Speywood,
 11 but the five companies that I mentioned before -- the
 12 response of them to the growing knowledge of the risk
 13 of infection from the use of their products and, in
 14 particular, infection with AIDS.
 15 That presentation will be a cumulative one,
 16 drawing on materials from all of the countries. We
 17 think that is a better way of reflecting the narrative
 18 of the events and it avoids repeating certain
 19 meetings, certain documents, again and again.
 20 In this first set of presentations, which, as
 21 I said, concentrate very much on the UK picture, we
 22 will touch upon the corporate structures of these
 23 companies but we do so for two main reasons. The
 24 first is to help explain what companies were doing at
 25 different times, which company was doing what at

50

1 That is all part of the transparency that is
 2 fundamental to this Inquiry's work.
 3 So those are the reasons why we will touch upon
 4 the corporate structure. The companies, over time,
 5 were carved up, they were sold, they were resold, and
 6 we are not seeking to give you a corporate history of
 7 those companies. We are not making any submissions to
 8 you on which company, if any, has inherited any
 9 liability or culpability, legal or otherwise. That is
 10 no part of these presentations.
 11 A word, sir, of the sources that we have used.
 12 They are voluminous but they are incomplete. The Core
 13 Participants will be aware that there is a documentary
 14 on relativity connected with all these presentations
 15 where the documents have been placed and there are
 16 many thousands of documents which have been placed on
 17 it.
 18 Where material is located overseas, you have no
 19 powers of compulsion under the Inquiry's Act 2005, you
 20 have relied on the cooperation of the organisations
 21 involved. It has not always been possible to identify
 22 all of the documents that we would have liked to have
 23 seen. That is inevitable after 40-plus years. Some
 24 documents are missing, some documents may have been
 25 destroyed, some documents your Inquiry team may have,

52

(13) Pages 49 - 52

1 but we have been unable to locate the specific facts
2 from 1978 that we are looking for, because it's
3 somewhere within this vast mass of materials that
4 we've had. I can say that it is not for want of
5 trying.

6 If we say that we can't identify a document, we
7 mean just that: that we haven't been able to find it.
8 We're not implying anything untoward about the reasons
9 why we haven't been able to find it.

10 Our approach to the documents has been to bring
11 our independent analysis as your counsel to it, we
12 have sought to identify material and themes that will
13 assist you in discharging the terms of reference of
14 the Inquiry. It's not an exhaustive process and
15 I should say that myself and Ms Richards are indebted
16 to the work that has been done of the wider Inquiry
17 legal team in making these presentations.

18 Others may disagree with our analysis. They may
19 identify other documents, other themes that they
20 consider to be important, and we welcome those being
21 brought to our attention. We also note that the Core
22 Participants will have an opportunity to make their
23 own submissions. You will also hear further evidence
24 from witnesses who are connected to these areas. We
25 do not seek to pre-empt that evidence in these

53

1 competitors and they were not part of the same group.
2 So Hyland was competing directly against Immuno in
3 selling factor products.

4 In terms of the corporate structure for Immuno,
5 all I will say is this, very briefly. A company
6 called Immuno International AG was founded in 1960,
7 and its principal place of business was Vienna, so
8 this is an Austrian company. It was the parent
9 company of a UK-based company which was originally
10 called Serological Products Ltd. That was
11 incorporated on 27 January 1972. That company later
12 changed its name to Immuno Ltd, and that was
13 31 December 1976. Both in this presentation and in
14 others the fact that a company is called "X Ltd" is
15 an indication that that is a UK-based company. As
16 I have said, there is a distinction always to be kept
17 in mind between the international company and the
18 UK-based one.

19 The first managing director of Immuno Ltd was
20 a man called Norman Berry. He later became the chair
21 of the company, the chairman, from 1984, and the
22 managing director from that time was Peter Coombes.
23 He had previously been a marketing manager. One other
24 name that comes up in the documents that I raise now
25 is Robert Nicholson, who, in the mid-'80s had taken

55

1 presentations, and all should keep in mind that
2 a witness may come along and give an explanation about
3 a document which hasn't occurred to us.

4 You, sir, I'm sure, will consider all of the
5 evidence that is presented to you, both by us, the
6 submissions of others and by the witnesses. The fact
7 that in these presentations a document is referred to
8 doesn't give it a special status, and the fact that
9 a document is not included doesn't mean that it is not
10 important. You will consider it all, sir, and it will
11 be a matter for you as to which conclusions you draw
12 from them.

13 With that presentation complete, sir, I'd like
14 to turn to the first of the companies that we're going
15 to look at. That is a company called Immuno. Those
16 present here today will have seen that on the
17 timetable we have grouped together Immuno and Hyland
18 and Travenol. The reason for that is that, in later
19 years, a single entity was involved in owning all
20 three of those companies. That didn't happen until
21 the 1990s, there is then some further splitting of the
22 companies, which I don't need to go into now. It is
23 important to note that for the key periods in which we
24 are interested in these presentations, that is to say
25 the 1970s and the 1980s, these companies were

54

1 Mr Coombes' former role of being the marketing manager
2 of Immuno Ltd, all of these men within the UK-based
3 company.

4 For Immuno AG, some of the names that we see in
5 the documents coming up are Dr Otto Schwarz, who was
6 managing director, production for Immuno AG, the
7 Vienna-based company; Dr H Eibl -- I hope you will
8 excuse the pronunciation -- the director of research
9 and development at Immuno AG, the Vienna-based
10 company; and also a Mrs Diernhofer, who we understand
11 headed the licensing and registration department of
12 Immuno AG.

13 Those are names that we will see as we go
14 through.

15 The company -- at points I will refer to
16 "Immuno" generally to try to encapture work that was
17 done by both Immuno AG and Immuno Ltd. Trying to
18 break it up every single time that but I say the word
19 will perhaps be a little repetitious, so at points I
20 will refer to "Immuno".

21 Immuno provided three main products to the UK
22 market that we're going to consider in the coming
23 presentation. They were Kryobulin, which was
24 a Factor VIII concentrate; Prothromplex, which was
25 a Factor IX concentrate, it also contained Factor II

56

(14) Pages 53 - 56

1 and Factor X, but it was predominantly used for
2 Factor IX concentrate; and a product called FEIBA,
3 which was used for inhibitor patients.

4 FEIBA stands for Factor VIII Inhibitor Bypass --
5 I forget the "A", sir, forgive me, it will come back
6 to me as we go along.

7 So those are the three main products but within
8 those products, over different times, different
9 variants of them are presented to the UK market and
10 presented to the licensers. There are generally
11 three-phases. The first phase is the original
12 product, so Kryobulin or Prothromplex, in
13 a non-heat-treated form.

14 The second stage is a dry heat-treated form of
15 the product. Dry heat treatment refers to the way in
16 which the product was heated in order to try to get --
17 to encourage viral inactivation, so the second phase
18 is of dry heat product.

19 The third phase is of a steam or vapour heated
20 product, and we will come on to the distinction
21 between those terms in due course. That is
22 a different method of heating those products, which,
23 as the name suggests, uses a wet or moist heat from
24 steam or vapour, rather than the dry heat of an oven.

25 Those are the three distinct phases, but to add

57

1 in which products were licensed by Immuno, starting
2 with Kryobulin, the Factor VIII product.

3 As I go through, sir, I will give references to
4 documents. I'm not going to bring them all-up because
5 there are an awful lot of them, but I will place on
6 the record the references so that people can go and
7 check on relativity and see the documents to which
8 we're referring.

9 Immuno AG began producing Kryobulin, which was
10 formerly known as Kryobulin Human Antihaemophilic
11 Fraction in 1965. Initially it was sold to on the
12 Austrian market but the product was exported and sold
13 abroad from 1969 onwards. The reference for that is
14 SHPL0000071_181, page 39.

15 The sales figures indicate that Kryobulin was
16 available in the United Kingdom, albeit in the small
17 supply, from 1970. If we could bring this up, please,
18 Soumik, its SHPL0000071_185, and first of all page 4,
19 please. We can see many of the documents are in
20 German, of course, and this is sales of Kryobulin,
21 1970, and we can see the first entry is for
22 Heidelberg, but the second entry is Crown Agents
23 London, the 100, 250 and 500, that's for different
24 size of the products which are being sold. Six units
25 sold to Crown Agents, and then also --

59

1 a further layer of complexity, there are different
2 methods within each of those phases for heat treating
3 the product. Immuno referred to products by -- with
4 the preface "TIM", which I think stands for Thermal
5 Inactivation Method, and so a -- you may see
6 a reference to Kryobulin as TIM 2, as opposed to
7 Kryobulin TIM 4. Now TIM 2 is for the second method
8 of dry heating Kryobulin, and method 4 would be the
9 fourth method of dry heating Kryobulin.

10 But then you will have Kryobulin also referred
11 to as Kryobulin Neo TIM 2 or Neo TIM 4, sometimes
12 S-TIM 2 or S-TIM 4, and that is the second method of
13 steam heat and activation of the product. So you get
14 different variants even within the different types of
15 heating.

16 For that reason, sir, it gets somewhat complex,
17 and at points I will stop, and I'm sure that you will
18 interrupt, and ask to clarify exactly which product
19 that we are talking about. Usually it is possible to
20 tell, not always.

21 But the overall structure is of unheated
22 products, dry-heated products and then steam or
23 vapour-heated products, as time progresses through the
24 '70s and into the '80s.

25 With that introduction, sir, I turn to the way

58

1 **SIR BRIAN LANGSTAFF:** You say six units, you mean six
2 bottles of the 500, whatever it is, or --

3 **MR HILL:** That is my best understanding, sir.

4 **SIR BRIAN LANGSTAFF:** Because, at this stage, I don't
5 think the international unit had yet been introduced,
6 had it?

7 **MR HILL:** That's right, there is a standardisation, that
8 comes later.

9 **SIR BRIAN LANGSTAFF:** About 1971, I think it was, but
10 I may be wrong.

11 **MR HILL:** Somewhere around there but, here, my best
12 understanding of this is that this is six bottles or
13 six vials of the 500 sized Kryobulin.

14 **SIR BRIAN LANGSTAFF:** Presumably this would have been on
15 a named-patient basis, would it?

16 **MR HILL:** There was certainly no licence by this stage,
17 1968 --

18 **SIR BRIAN LANGSTAFF:** So it would have to be?

19 **MR HILL:** Unless it was clinical trials.

20 **SIR BRIAN LANGSTAFF:** Yes.

21 **MR HILL:** But one of the exemptions would have to have
22 applied.

23 So we can see Crown Agents have bought that, and
24 then underneath what I think is a Dr Mibachan in
25 London, one unit, whatever that may be, a vial, it may

60

(15) Pages 57 - 60

1 be a bottle.
 2 If we go to, Soumik, to page 1, that's 1970,
 3 that's the first time we have them appearing on the
 4 sheets and we do have some earlier sheets as well.
 5 1971 we can see the Crown Agents have now bought
 6 three of the 500 sized units, Mr Newcession in London
 7 has bought two. If we could just expand that page
 8 a little, please, we can see that is being sold also
 9 in Milan and Pisa and we can also see Dr Mannucci's
 10 name in Milan, further down the list as well.
 11 Then page 6, please, Soumik. This is 1972, and
 12 we can see now it being sold to St Thomas' hospital
 13 and to the Crown Agents, to the Royal Free Hospital.
 14 Now, that's -- the Royal Free are buying a different
 15 product called Bebulin, which I understand to be an
 16 immunoglobulin but the Crown Agents and St Thomas' are
 17 buying Kryobulin.
 18 Again, we can see it also being sold in Madrid,
 19 in Warsaw and in Pisa.
 20 Thank you, Soumik, if we could have the next
 21 document, please MHRA0033323_003. This is a letter
 22 dated 22 December 1972. You can see it is sent to
 23 Mr Berry, who is the managing director of Immuno Ltd,
 24 the UK-based company and it comes from Duncan Thomas,
 25 who was mentioned in Sir Joseph Smith's evidence too

61

1 from the documents, relies on material from the
 2 Vienna-based company.
 3 You can see the contents there of what is
 4 provided with the application, there is a summary of
 5 the particulars of the product, the specimens of the
 6 inner labels, of the solvent labels, of the outer
 7 labels, the draft directions circular is the leaflet
 8 that goes with the document, and then some scientific
 9 evidence about the methods of manufacture or the
 10 methods of analysis, stability report, and copies of
 11 various studies.
 12 If we could go over, please, to the next page,
 13 Soumik. You can see this is the -- if we could expand
 14 that, please -- summary of the particulars of
 15 a product, and it includes the fact that the licence
 16 is sought for five years, which is the time stipulated
 17 by the 1968 report.
 18 Then onto the next page, please, Soumik. These
 19 are the various details that accompanied the
 20 application, what the licence is required to
 21 authorise, the product, and you can see the different
 22 sizes 100 units, 250 units, 500 units, the
 23 pharmaceutical form, the description of the product,
 24 and its composition.
 25 Then onto the next page, please, Soumik. You

63

1 subsequently becomes head of blood products at NIBSC.
 2 What he says is:
 3 "Dear Mr Berry,
 4 "Thank you for your letter of December 20th,
 5 1972. There is no objection to you supplying Dr Biggs
 6 with Kryobulin for the treatment of named haemophilic
 7 patients."
 8 So going back to your earlier question, sir,
 9 this seems to be the product being supplied on
 10 a named-patient basis. I suspect Dr Biggs might be
 11 an error for Dr Briggs.
 12 **SIR BRIAN LANGSTAFF:** It may be Dr Rosemary Biggs,
 13 mightn't it?
 14 **MR HILL:** Sorry, yes, I've written her as Briggs, but yes,
 15 Dr Rosemary Biggs, at the Oxford Haemophilia Centre.
 16 Now, that's from December 1972 and in the same
 17 month we have the first application for a product
 18 licence for Kryobulin. If we could have on the
 19 screen, please, Soumik, MHRA0033325_002.
 20 This, I show you, sir, to show what
 21 an application looks like, as of 1972. You can see
 22 the application is made by Serological Products Ltd,
 23 that's the company of which Mr Berry was the managing
 24 director, the UK-based company. So it's the UK-based
 25 company that makes the application but, as we will see

62

1 can see for the different sized units of the products
 2 it gives directions about how it should be
 3 reconstituted with water, so that you can then apply
 4 and inject the product.
 5 If we could turn, please, to page 6, Soumik. We
 6 have the physical characteristics, which is
 7 a description of the product, and then the clinical
 8 use and the recommended clinical use is including:
 9 "Treatment of bleeding caused by Factor VIII
 10 deficiency in patients with:
 11 "-- Haemophilia A.
 12 "-- von Willebrand's Disease.
 13 "-- Haemophilia caused by Factor VIII
 14 inhibitors", and so forth.
 15 We then turn on the next page to the clinical
 16 recommendations on the route of administration through
 17 injection and recommended dosages. Over the following
 18 pages you have the dosages for different situations
 19 for bruising, for heavy bleeding into muscles, for
 20 haematuria, for major surgery, and so forth.
 21 If we could turn, please, to page 10, Soumik,
 22 recommendations there for flow rates for injections,
 23 and details of how the product is manufactured and
 24 assembled. This, I hasten to add, is a summary and --
 25 though it is backed by far more documentation, as we

64

(16) Pages 61 - 64

1 saw from the contents page .
 2 Page 11, please, Soumik. The summary of how
 3 quality control is exercised, and you will see there
 4 at 14(a) it says:
 5 "A detailed report on analyses carried out will
 6 be given in Part 3, Section B."
 7 So these are the detailed reports that follow on
 8 from the summary.
 9 Page 12, please, Soumik. A description of the
 10 containers and of the labelling and, again, reference
 11 is made to the documents supporting the application
 12 where these are set out. We will be looking in some
 13 detail at the labelling in due course.
 14 Then, finally, please, Soumik, page 13. We see
 15 "Method of sale and supply":
 16 "The product will be made available [at]:
 17 "Hospitals, and Haemophilia Treatment Centres."
 18 The application is signed by Norman Berry, the
 19 managing director of Serological Products Ltd, dated
 20 1 December 1972. We know from a covering letter that
 21 it was sent to the Department on 8 December 1972.
 22 I don't ask for that to be brought up but the
 23 reference is MHRA0003323_009.
 24 I won't go through all of the supporting
 25 documentation that accompanied the application but

65

1 a pathological transaminase level or a positive
 2 AU/SH/HA antigen test, is permanently excluded from
 3 the donor programme. Despite these precautions, the
 4 risk of transmission of homologous serum hepatitis can
 5 only be diminished, and not completely eliminated."
 6 **SIR BRIAN LANGSTAFF:** Just so that we can follow, when
 7 it's AU/SH/HA, those are acronyms, are they?
 8 **MR HILL:** Yes. We understand them to mean Australian
 9 Antigen, Serum Hepatitis Antigen and Hepatitis
 10 Associated Antigen.
 11 **SIR BRIAN LANGSTAFF:** Yes. Thank you.
 12 **MR HILL:** Actually, I should add that that is our
 13 understanding, rather than something we have taken
 14 from the document.
 15 **SIR BRIAN LANGSTAFF:** Well, it seems reasonable. They're
 16 all examples or all different ways of expressing the
 17 same thing, pretty much, that it's something in the
 18 blood which indicates the presence of hepatitis.
 19 **MR HILL:** That's right, sir.
 20 If we could turn to page 29 now, please, Soumik.
 21 This is part of the same document, the draft circular.
 22 This is the section on the side effects. It says
 23 that:
 24 "Side effects are rarely observed during
 25 treatment with Kryobulin, though the following

67

1 there are a couple of features within it that I wish
 2 to draw your attention to.
 3 Can we have onscreen, please, Soumik,
 4 SHPL0000071_181.
 5 We can see from the first page this is Mr Berry
 6 sending to Mrs Diernhofer of Immuno AG, who was in
 7 charge of their licensing department, a replacement
 8 copy of the admissions that went with the Kryobulin
 9 application.
 10 If we could turn, please, to page 25. The
 11 section on "Manufacture and composition". It's said
 12 here, this is part of the application, and -- sorry,
 13 Soumik, if we could just expand it; my fault. We can
 14 see this is enclosure number 4 and it's the draft of
 15 the circular, so that's the leaflet that accompanies
 16 the document and provides details, to those who read
 17 it, about the document -- about the product, sorry.
 18 The section on the "Manufacture and composition"
 19 says this:
 20 "Kryobulin is prepared from pooled plasma of
 21 healthy donors and freeze-dried for stabilisation.
 22 All donors, whose plasma is used for the production of
 23 Kryobulin, are tested at each donation for their GPT
 24 level and the absence of AU/SH/HA antigens (Hepatitis
 25 Associated Antigen). Any donor, who has a history of

66

1 reactions may occur ..."
 2 The first is an allergic reaction. Then if we
 3 go over to the next page, the second point listed, and
 4 I quote:
 5 "Despite the precautions taken in the selection
 6 of donors, the risk of transmission of homologous
 7 serum hepatitis cannot be entirely excluded when
 8 administering human coagulation factors."
 9 The application was considered by the Committee
 10 on the Safety of Medicines' Subcommittee on Biologics
 11 in January 1973, and a report was prepared for that
 12 committee by Dr Duncan Thomas. That report is at
 13 MHRA0033322_060. I don't ask for it to be brought up.
 14 In the report, Dr Thomas notes that the pool
 15 size, was 1,000 donors between the ages of 18 and 65,
 16 with plasma obtained via plasmapheresis from six
 17 centres in Austria and Germany. So a pool size of
 18 1,000 donors, based in Austria and Germany.
 19 In his medical comment, Dr Thomas wrote that the
 20 submission was, and I quote, "deficient in certain
 21 respects", that's the end of the quotation, including
 22 minimal information regarding manufacturing process
 23 and little clinical evidence of effectiveness.
 24 However, he considered the donors to have been, and
 25 I quote, "well screened."

68

(17) Pages 65 - 68

1 Dr Thomas' report recommended that a product
2 licence be deferred pending further information being
3 provided.
4 One of the members of the Subcommittee was
5 Dr William Maycock, who was, among other things, the
6 director of BPL at the time, later
7 Sir William Maycock, Dr Lane's predecessor. But he
8 wrote to Dr Thomas on 4 January 1973. That letter is
9 at DHSC0100026_163, expressing general agreement with
10 Dr Thomas' report.
11 I won't go further into that letter, because we
12 also have another document, which I'll ask Soumik to
13 bring up, which is MHRA0033322_057. We can see in the
14 top left corner this is described as Dr Maycock's
15 comments and we know from his letter to Dr Thomas that
16 Dr Maycock was unable to attend of the CSM(B) in
17 person, so it appears that he sent his comments
18 through ahead of time.
19 On the labels and leaflet he says this:
20 "The manner in which advice regarding treatment
21 is presented is unacceptable. Any advice about the
22 use of this preparation for preventing and controlling
23 haemorrhage in haemophilia should be in general terms.
24 The advice in the first two paragraphs (pp 30 and 31)
25 is acceptable and can be expanded in certain respects.

69

1 The advice about treatment in certain specific
2 circumstances should be omitted; some of the
3 statements, eg that about haematuria, are in absolute
4 terms and will sooner or later prove to be
5 misleading."
6 So that is, as we understand it, a criticism of
7 the way that the labels were produced in terms of the
8 effectiveness of the product. Unfortunately, and
9 perhaps inevitably, page 30 and 31 don't translate
10 into the documents that we have, so we can't see
11 exactly what it is that he is talking about there.
12 A little further down the document:
13 "Hepatitis: The pool size in terms of donors is
14 small that that used in the preparation of Hemofil but
15 a residual of icterogenicity, after the exclusion of
16 HBAg positive donors, will remain. It does not
17 necessarily follow that this risk will be less than
18 that attached to Hemofil."
19 So that is a risk of something that could cause
20 hepatitis. The reference to Hemofil we will no doubt
21 come on to tomorrow, but, as Dr Maycock indicates, it
22 was made with a larger pool of donors. Dr Maycock
23 saying here that doesn't necessarily mean that there
24 isn't a risk of a smaller pool of donors that the
25 Immuno product was using.

70

1 **SIR BRIAN LANGSTAFF:** He is drawing specific attention to
2 the pool size being smaller, and that being related to
3 the risk of becoming jaundiced.
4 **MR HILL:** Yes. Yes, he is.
5 **SIR BRIAN LANGSTAFF:** So he does show a clear awareness --
6 I would expect it anyway from what we've heard thus
7 far in relation to risk -- that the pool size is
8 related to risk.
9 **MR HILL:** Yes, he does, sir. But his conclusion being
10 that it doesn't necessarily follow that the risk will
11 be less in this product than in Hemofil. And that, of
12 course, must be seen in the context of this product,
13 and as we know, the donor pool size was said to
14 be 1,000.
15 **SIR BRIAN LANGSTAFF:** Yes.
16 **MR HILL:** In his conclusion he says this:
17 "I am in favour of granting a licence if
18 Serological Products Ltd can supply the data regarding
19 stability, the information mentioned above about the
20 method of preparation, and more detailed information
21 about its clinical use. Its sale should be restricted
22 to haemophilia centres and hospitals and, initially,
23 to a number of selected haemophilia centres so that
24 the clinical efficacy of Kryobulin can be critically
25 appraised."

71

1 That is the view expressed by Dr Maycock, and
2 it's expressed from 4 January 1973. It's not
3 dissimilar to the view of Dr Thomas.
4 Despite those views and the proposal that
5 further information be obtained before a final
6 decision, the Subcommittee on Biologicals at their
7 January 1973 meeting recommended the grant of
8 a product licence subject to three provisions, one
9 being that the supply of the product be restricted to
10 hospitals and haemophilia centres. The Subcommittee
11 on Toxicity [and] Clinical Trials supported the
12 granting of the licence and the CSM main committee
13 advised that the licence be granted in February 1973,
14 subject to the provisions recommended by the CSM(B).
15 The document is DHSC0003952_048, page 13. It's
16 not clear from the papers that we have reviewed why
17 Dr Thomas' recommendation that the licence be deferred
18 pending further information was not followed.
19 I would also add a further reference, sir: the
20 minutes of the CSM(B) meeting themselves are at
21 DHSC0105593_002.
22 I note from those minutes that it was intended
23 to ask the Austrian authorities to carry out an
24 inspection of Immuno's premises on behalf of the
25 Licensing Authority and you will recall, sir, that

72

(18) Pages 69 - 72

1 there is a provision for an undertaking to that effect
 2 in the 1968 Act.
 3 The same meeting approved the licence
 4 application for Hemofil, which we will refer to
 5 tomorrow.
 6 The DHSS --
 7 **SIR BRIAN LANGSTAFF:** So you've told me thus far that the
 8 advice to the Licensing Authority was, in
 9 February '73, that a licence be granted, and you've
 10 told me that was at the same time as the licence for
 11 Hemofil, which plainly was in the minds of Dr Maycock.
 12 When was it actually granted?
 13 **MR HILL:** Well, the -- Serological Products Ltd were
 14 informed on 22 March 1973 that the licence was going
 15 to be granted, and they were given a product licence
 16 number --
 17 **SIR BRIAN LANGSTAFF:** So the date for my purposes will be
 18 22 March '73, would it?
 19 **MR HILL:** That is the date from which that letter was
 20 allowed to stand as a full product licence, until the
 21 full product licence itself, which was issued on
 22 21 June 1973. But de facto it is licensed from
 23 22 March 1973.
 24 **SIR BRIAN LANGSTAFF:** So under the Act, between March and
 25 June, the product could be distributed, could it?

73

1 it's sent on behalf of the director of the hospital
 2 supply branch, who was GE John at that time.
 3 The letter says:
 4 "Dear Sir
 5 "HUMAN CONCENTRATE FACTOR VIII FREEZE DRIED .
 6 "Central contracts for a period of one year
 7 commencing on 1 November 1973 have been placed with
 8 Serological Products Ltd and Travenol Laboratories Ltd
 9 for the supply of packs of Human Concentrated
 10 Factor VIII Freeze Dried to Haemophilia Centres in the
 11 United Kingdom."
 12 And then full details are given in an
 13 attachment. The letter also says:
 14 "It is stressed that the contracts provide FOR
 15 SUPPLY ONLY TO HAEMOPHILIA CENTRES ..."
 16 And that is emphasised in capitals and
 17 underlined.
 18 We will come back to this central contract later
 19 in the evidence, when dealing with the civil servants
 20 and the Government decision-making at the time. But
 21 it is a contract which has been placed with the two
 22 companies mentioned. We know from other documents
 23 that the products are Kryobulin and Hemofil. We also
 24 know from other correspondence that the supply was
 25 for -- or was proposed to be for 5 million

75

1 **MR HILL:** That is my understanding, yes, sir. The letter
 2 of intent is said to act as a full product licence.
 3 **SIR BRIAN LANGSTAFF:** So the effective date is
 4 22 March '73.
 5 **MR HILL:** Yes, sir. References for the transcript for
 6 that are SHPL0000071_170, SHPL0000071_172, and
 7 MHRA0033322_061.
 8 I would also note, sir, that the licence -- and
 9 this is clear from the last of those references
 10 I gave -- was that Kryobulin could be supplied through
 11 hospitals and haemophilia treatment centres, but it
 12 wasn't restricted to a small number of haemophilia
 13 treatment centres, as Dr Maycock had suggested.
 14 On 2 July 1973, Norman Berry wrote to the DHSS
 15 to inform that Kryobulin was now on the UK market.
 16 That is MHRA0033322_014.
 17 Soumik, can we have onscreen, please,
 18 DHSC0003741_025.
 19 We jump forward a little, sir, to October 1973.
 20 This is a letter from the Department of Health and the
 21 Welsh Office jointly, to "Secretaries of: - Regional
 22 Hospital Boards, [the] Welsh Hospital Board [and]
 23 Boards of Governors [and the] Hospital Management
 24 Committee". It is entitled "HUMAN CONCENTRATED
 25 FACTOR VIII FREEZE DRIED". It comes from the -- or

74

1 international units of each.
 2 If I give the references for that information,
 3 it's DHSC0003741_024, and DHSC0100005_044.
 4 So that is a contract by the Department of
 5 Health and the Welsh Office to import 5 million
 6 international units, we suspect, of Kryobulin and of
 7 Hemofil.
 8 That is an annual contract.
 9 If we could turn now, please, Soumik, to
 10 DHSC0003719_118.
 11 Again, we come forward a little in time to
 12 21 December 1976, and a memorandum which is sent from
 13 GA Drew of the supply department of the Department of
 14 Health and Social Security, to Dr Waiter, entitled
 15 "Factor VIII":
 16 "Further to my minutes dated 3 November 1976,
 17 sales figures for October, together with total figures
 18 for the contract year, are set out below."
 19 I pause there, sir. So we have a monthly sales
 20 figure in the left-hand column, a total sales figure
 21 for the year in the right-hand column, and it's
 22 expressed to be the 12 months to 31 October 1976.
 23 Then added in hand on the far side is a column
 24 entitled "Value".
 25 We can see there the amounts of the different

76

(19) Pages 73 - 76

1 products being sold at that time. The first entry is
 2 for Armour, which is for Factor VIII, in
 3 October: 271,902; international units for the year:
 4 897,308 units. The value is stated to be £71,785.
 5 It's not clear whether that is a value for the month
 6 or for the year.
 7 The next --
 8 **SIR BRIAN LANGSTAFF:** Well, I think it is, actually,
 9 because if you look at the bottom, you see "October
 10 Sales", "Abbott", "Nil", the value was nil --
 11 **MR HILL:** Oh, yes, you're quite right, sir. Yes, it is
 12 the annual figure.
 13 **SIR BRIAN LANGSTAFF:** It would have to be, I think. And
 14 you could work out from that, I suppose, the cost per
 15 unit.
 16 **MR HILL:** Yes. There are some documents that we have
 17 which do refer to costs per unit, but it's very
 18 difficult to try to pin those down to a point in time
 19 and whether or not they eventually made their way into
 20 a contract.
 21 The other point that I would raise about the
 22 cost per unit calculations is that we've seen from
 23 other material that sometimes there is a tapered
 24 pricing system, that if you buy a certain amount of
 25 the product then the cost per unit if you buy 50,000

77

1 approved on 14 October 1975, and that changed the
 2 testing method for detecting the presence of hepatitis
 3 antigens from electrophoresis to a radioimmunoassay,
 4 RIA. So that is October 1975. The references are
 5 MHRA0033321_097, and MHRA0003321_099.
 6 There was a further variation of the licence in
 7 April 1976, concerning increased solubility. That's
 8 MHRA0033321_076. And the same reference for a further
 9 variation in August 1976, which registered the change
 10 of the company name from Serological Products Ltd to
 11 Immuno Ltd.
 12 You can see there, sir, the point that was
 13 picked up in the Cunliffe Evans report earlier, that
 14 there is a wide disparity about the types of
 15 application that are being made for variations of
 16 licences. Some are purely administrative, changing
 17 the name of a company, some are of scientific
 18 importance, such as the introduction of RIA testing.
 19 If we could have on the screen, please, Soumik,
 20 MHRA0033321_085. This is a further application for
 21 a variation of the licence. You can see at the top
 22 left-hand corner the:
 23 "Licence number: 0215/0003."
 24 And you can also see that it's for Kryobulin.
 25 This is a standard form that you're required to use to

79

1 international units is X, if you buy 100,000 units,
 2 it's Y. So it's not always possible --
 3 **SIR BRIAN LANGSTAFF:** Well, you'd normally expect
 4 a reduction for bulk.
 5 **MR HILL:** You would.
 6 **SIR BRIAN LANGSTAFF:** But if you look at these figures,
 7 just very roughly, it would look as though Armour was
 8 a bit cheaper than Immuno.
 9 **MR HILL:** Yes, and that is something which is reflected in
 10 the papers, as we go through.
 11 Travenol, the second of the products listed --
 12 this is Hemofil -- is 865,680 units for the month,
 13 5,231,146 units for the year. That's an adjusted
 14 figure, as can be seen from the asterisk. The value
 15 is £627,738.
 16 Immuno, Kryobulin, 238,123 units in the month,
 17 4,098,815 for the year, value £491,041.
 18 Abbott, as you've said, sir, no units for the
 19 month, for the year 383,624, at a value of £38,308.
 20 So the cumulative total is just over
 21 10.5 million units, at a cost of just over
 22 £1.2 million.
 23 Taking the story of Kryobulin forward,
 24 Serological Products Ltd applied for a variation to
 25 the product licence on 10 October 1975, and it was

78

1 make such applications.
 2 There, we can see the proposed change that is in
 3 the licence, and it is to change the source of the
 4 plasma from the present situation, which is that the
 5 plasma was obtained from plasmapheresis stations, five
 6 in Austria and two in Germany, and the proposed change
 7 is for licensed plasmapheresis stations in the
 8 United States of America, so the source of the plasma
 9 used to make the Kryobulin would be American plasma.
 10 As will be seen in some of the documents that we
 11 go through, I think it is worth flagging now, this is
 12 not an application to cease to provide European
 13 plasma-based Kryobulin; it is an application to allow
 14 either European plasma-based Kryobulin or
 15 American-based plasma Kryobulin. The reason for the
 16 change is set out on the form. It says:
 17 "It is possible to sell Factor VIII Concentrates
 18 produced from plasma of US origin at lower prices than
 19 European-based material. Because of the preference in
 20 the UK market for this lower priced material, we also
 21 wish to make it available. Packs of Kryobulin from
 22 alternative source material will be of a clearly
 23 distinguishable colour eg blue as compared with
 24 present red. We will continue to make available
 25 European as well as the proposed new concentrate

80

(20) Pages 77 - 80

1 derived from American Plasma."
 2 The date of the application is 11 November 1976.
 3 You noted earlier, sir, the Armour product,
 4 which was produced from the American-based plasma,
 5 appeared to be available at a lower unit cost.
 6 **SIR BRIAN LANGSTAFF:** Yes.
 7 **MR HILL:** We get further insight into this application
 8 from a document that was originally in German.
 9 And, Soumik, if I could ask to have on the split
 10 screen, SHPL0000071_083, and also, on the other side
 11 of the screen, SHPL0001094.
 12 The document on the left is the original in
 13 German, the document on the right is a translation the
 14 Inquiry has obtained. If everybody will excuse me,
 15 I'll work from the English version.
 16 It is a memorandum of a meeting with Dr Schwarz.
 17 I referred to him earlier, the head of research and
 18 development -- forgive me -- sorry, the managing
 19 director of production, on 24 November 1976. The
 20 subject is "KRYOBULIN England". Also present are
 21 Dr Schwarz and Mrs Diernhofer and two others,
 22 Dr Elsinger and Mr Lendvay.
 23 The memorandum begins by referring to
 24 a telephone conversation between Dr Schwarz and
 25 Mr Berry. I emphasise that there is no evidence that

81

1 You can see the date of that is 5 November 1976
 2 and the signature is made by Ms Diernhofer. That
 3 reflects the thinking within Immuno AG in --
 4 **SIR BRIAN LANGSTAFF:** So Immuno considered, from their
 5 experience in the UK, that the UK would buy a less
 6 safe product for patients in the UK because it was
 7 cheaper?
 8 **MR HILL:** That is my interpretation of that document, yes.
 9 **SIR BRIAN LANGSTAFF:** Well, I don't, at the moment, see
 10 what other inference can be drawn.
 11 **MR HILL:** Nor do I.
 12 **SIR BRIAN LANGSTAFF:** Yes. And this was in 1976?
 13 **MR HILL:** November 1976. This coming a couple of weeks
 14 after the application has been made to the UK
 15 Licensing Authority to make that change.
 16 **SIR BRIAN LANGSTAFF:** Yes. And the UK Licensing
 17 Authority's -- well, we'll find out in due course what
 18 they may have known, but at this stage it was after
 19 the Granada World in Action programme in 1975.
 20 Yes; thank you.
 21 **MR HILL:** Turning then back to some of the documents about
 22 the licensing application. I won't ask to bring all
 23 of these up.
 24 29 November 1976, Immuno Ltd wrote to the DHSS
 25 proposing to name the product Kryobulin 2, the America

83

1 Mr Berry was at this meeting. It's merely referring
 2 to a phone call from him. That is initially about the
 3 solvent content in Kryobulin. But the point of
 4 interest to the application to change to American
 5 plasma comes on the next page -- please, Soumik -- in
 6 a "Note for the Registration Department".
 7 It says this:
 8 "In the future two types of KRYOBULIN
 9 concentrate will be sold -- KRYOBULIN 1 and KRYOBULIN
 10 2.
 11 "KRYOBULIN 1 - made from European plasma (with
 12 a lower hepatitis risk - publication by ..."
 13 And there is a publication cited, but we can't
 14 read what that publication is:
 15 "KRYOBULIN 2 - made from US Licensed Source
 16 Plasma (proven to have a significantly higher
 17 hepatitis risk ..."
 18 And the publication is again cited:
 19 "KRYOBULIN 2 will be significantly cheaper than
 20 KRYOBULIN 1 because the British market will accept
 21 a higher risk of hepatitis for a lower-priced product.
 22 In the long-term, KRYOBULIN 1 will disappear from the
 23 British market."
 24 It goes to on to say that the respective label
 25 information hasn't been definitely determined.

82

1 product, and it provided samples of the proposed
 2 packaging. The reference is SHPL0000271_069. I'm not
 3 going to look at the packaging now, sir, but I will be
 4 coming back to it in due course.
 5 On 26 January 1977, AP Fletcher, a senior
 6 medical officer at the DHSS, wrote to Immuno Ltd about
 7 the application. He requested additional information
 8 concerning the proposed plasma source, including
 9 details of which plasmapheresis stations Immuno
 10 intended to use. The reference is SHPL0000271_077.
 11 Immuno replied on 1 February 1977, saying that
 12 plasma was, and I quote the word, "obtainable" from
 13 licensed plasmapheresis stations located across the
 14 United States, including Hawaii, but at that time the
 15 company was obtaining plasma from stations in
 16 New York, Baltimore, Birmingham, Philadelphia and
 17 Knoxville. The reference is SHPL0000271_073.
 18 **SIR BRIAN LANGSTAFF:** They are all large urban centres.
 19 **MR HILL:** Yes.
 20 **SIR BRIAN LANGSTAFF:** Yes.
 21 **MR HILL:** I understand that the document was phrased so as
 22 not to limit Kryobulin to those centres in due course.
 23 It said that it was "obtainable" --
 24 **SIR BRIAN LANGSTAFF:** So you are saying that that's where
 25 they were getting it from at the moment?

84

(21) Pages 81 - 84

1 **MR HILL:** At that time, yes, correct.
 2 Now it appears that the DHSS either didn't
 3 receive or didn't register the letter sent on 1
 4 February 1977. As a result, no action appears to have
 5 been taken on the licence for about a year. The
 6 reference to that is SHPL0000271_059.
 7 In a letter to the DHSS on 16 February 1978, so
 8 we are now more than a year down the line, resending
 9 the letter of the previous February, Mr Berry noted
 10 that Immuno wished to continue to use plasma from
 11 Austria and Germany, but sought -- I quote his words
 12 here "the ability to also use American plasma in the
 13 same way that our competitors do".
 14 The reference to that is SHPL0000271_058.
 15 We don't have, or have not found, more
 16 accurately, the discussion that took place within the
 17 CSM(B) or the CSM or the Medicines Division about the
 18 application. We continue to look, and if others can
 19 find it one would be very interested to see it.
 20 What we do have is a letter dated 7 April 1978
 21 from Mr Berry to Immuno, informing them, and I quote:
 22 "We are now authorised to issue Factor VIII
 23 concentrate from American plasma."
 24 The reference is SHPL0000271_057. That suggests
 25 that the variation application had been approved, and

85

1 **MR HILL:** -- there were a number of licences that were in
 2 place for products using American-based plasma as
 3 well.
 4 **SIR BRIAN LANGSTAFF:** Yes.
 5 **MR HILL:** We know, or we --
 6 **SIR BRIAN LANGSTAFF:** This would, in effect, be licensing
 7 Immuno to produce a less safe product, assuming that
 8 it is as efficacious, on that assumption?
 9 **MR HILL:** Certainly according to the internal Immuno AG
 10 documents, it was a product that they considered to
 11 have a significantly higher hepatitis risk.
 12 **SIR BRIAN LANGSTAFF:** Yes.
 13 **MR HILL:** Those documents, of course, were internal.
 14 Those particular documents weren't seen by the
 15 Licensing Authority, but the Licensing Authority would
 16 have been aware of the distinction between European
 17 plasma and American plasma.
 18 **SIR BRIAN LANGSTAFF:** Yes.
 19 **MR HILL:** The documents that we do have suggest that the
 20 variation was approved on 28 March 1978. That's
 21 SHPL0000376_005.
 22 So after the period of a year's delay, when the
 23 information seems to have either been lost in the post
 24 or not processed at the DHSS end, there is
 25 a relatively short period between the letter being

87

1 he added that it was necessary to have
 2 a distinguishable pack. As I say, we will come on
 3 again to look at the packaging in due course.
 4 Subsequent licensing documents --
 5 **SIR BRIAN LANGSTAFF:** Can you just remind me of what you
 6 told me earlier. The criteria for licensing included
 7 safety, efficacy and quality?
 8 **MR HILL:** Yes.
 9 **SIR BRIAN LANGSTAFF:** And so far as efficacy was
 10 concerned, you told me that the regime was one that
 11 didn't draw any particular distinction between one
 12 product and another on the grounds of efficacy,
 13 although on the grounds of safety you told me that
 14 you could take account that another product is safer
 15 and just as or more efficacious?
 16 **MR HILL:** That's correct, sir.
 17 **SIR BRIAN LANGSTAFF:** I see. So in deciding whether to
 18 amend the licence, the Licensing Authority would, on
 19 that basis, here have to consider whether another
 20 product was safer than the American-sourced product,
 21 and just as or more efficacious?
 22 **MR HILL:** It certainly could consider that, sir.
 23 **SIR BRIAN LANGSTAFF:** Yes.
 24 **MR HILL:** At that time, as of 1978 --
 25 **SIR BRIAN LANGSTAFF:** Yes.

86

1 resent on 16 February 1978 --
 2 **SIR BRIAN LANGSTAFF:** Would it have been around about
 3 March '78 that the licenses were coming to the end of
 4 their five-year term and would have to be renewed, the
 5 ones for Hemofil and Kryobulin?
 6 **MR HILL:** Yes, it would have been.
 7 **SIR BRIAN LANGSTAFF:** And the review criteria would
 8 include exactly the same criteria?
 9 **MR HILL:** I hesitate about exactly the same --
 10 **SIR BRIAN LANGSTAFF:** That's why I'm asking.
 11 **MR HILL:** I can go back to the Act over lunch and check.
 12 **SIR BRIAN LANGSTAFF:** I'd be grateful if you would.
 13 **MR HILL:** I will do so, sir.
 14 Something that is not clear to us from the
 15 documents that we have looked at, is whether or not,
 16 in this period when the licence was being considered,
 17 whether or not Kryobulin from American plasma was
 18 available on a named-patient basis. We have one
 19 document, with the reference SHPL0000271_072, which
 20 is -- actually, Soumik, perhaps we can bring that up,
 21 it might be helpful: SHPL0000271_072. We can see that
 22 this is a letter which is sent on 25 November 1976 to
 23 HM Customs and Excise, so this is around the time of
 24 the original variation application. It's sent by
 25 Immuno Ltd. The name is crossed out but we know that

88

(22) Pages 85 - 88

1 that is Mr Berry, the managing director:
 2 "Dear Sirs,
 3 "We are proposing to import Kryobulin
 4 Factor VIII Concentrate for the treatment of
 5 haemophilia A.
 6 "This material is processed in Vienna in Austria
 7 from human plasma obtained in the USA.
 8 "Please let us know our liability for Duty on
 9 this product.
 10 "An early answer is requested as the material is
 11 urgently required for use in UK hospitals."
 12 There is a reply, sir, which is to the effect
 13 that no duty was payable. So we know that they were
 14 asking about that in November 1976. But we also have
 15 another document -- could we have this onscreen as
 16 well, please, Soumik, HHFT0000925_002. This is
 17 a letter dated 20 April 1977, so a few months after
 18 the application to vary the licence, and a few months
 19 after that letter to customs about duty. It's sent by
 20 Dr David McGrath of NIBSC and it's to Dr Kirk at the
 21 Treloar Haemophilia Centre. He says:
 22 "Dear Peter
 23 "Many thanks for your letter. I completely
 24 agree with your proposals as I can see no group
 25 differences between the commercial Factor VIII

89

1 March 1978. So two points from that, sir. First,
 2 it's that process that we were talking about in the
 3 1968 Act coming into effect. If you have applied for
 4 a renewal before your licence expires then it can be,
 5 in effect, retrospectively run from the time of the
 6 expiration. The second point is that the renewal of
 7 the licence, which was approved on 27 October 1978 and
 8 backdated to 22 March 1978 is distinct from the
 9 decision which was taken on the variation of the
 10 licence, which was dated 28 March 1978. These are
 11 two, formerly two separate decisions, the extent to
 12 which those making them knew or were aware of the
 13 other variations is something that we don't know at
 14 this stage.
 15 Could we have onscreen, please, Soumik,
 16 DHSC0046258_098. We can see here Immuno's price list
 17 from 1980, and if we could go, please, to page 6.
 18 Listed in the price list are "Kryobulin (red pack --
 19 plasma source -- Europe)", the product licence is the
 20 same product licence we were discussing earlier,
 21 0215/0003.
 22 Then further down, "Kryobulin (blue pack --
 23 plasma source -- America)", you can see the same
 24 product licence. So these are two variants of
 25 Kryobulin which are both available on the same licence

91

1 concentrates in their positivity for HBsAG. In fact
 2 at the moment everything including the
 3 cryoprecipitates comes out clearly negative by Austria
 4 II."
 5 I don't seek to try to decipher that now.
 6 "One point in your letter was not correct, in
 7 that all Kryobulin batches supplied to this country
 8 are at present prepared solely from Austrian or German
 9 donors."
 10 As of April 1977, it was Dr McGrath's
 11 understanding at NIBSC that all of the Kryobulin was
 12 still from European plasma. He was, we can see,
 13 correcting Dr Kirk on that point, we don't know the
 14 reason why that correction was necessary, and it is
 15 a situation where we cannot say to you, sir, whether
 16 or not American Kryobulin was being imported into the
 17 UK on a named-patient basis. Those are snippets of
 18 evidence we have on that point.
 19 Turning back then, to the wider story of
 20 Kryobulin and drawing on a point that you raised
 21 earlier, sir. There was a separate application to
 22 renew the licence on 23 December 1977, the reference
 23 is MHRA0033321_076 and the same stem, _077.
 24 The renewed licence was issued on 27
 25 October 1978, but with a stated renewal date of 22

90

1 as of 1980.
 2 The bottom of that page, please, Soumik, "Prices
 3 available on request", so I can't tell you the unit
 4 price here, unfortunately.
 5 **SIR BRIAN LANGSTAFF:** So a price list says we're not
 6 telling you what the price is?
 7 **MR HILL:** Yes, sir.
 8 I'll turn now, sir, to more information about
 9 how much Kryobulin was being used at around this time,
 10 1980.
 11 If we could have, please, RFLT0000363. The next
 12 three documents I'm going to show you are all annual
 13 returns for the UK Haemophilia Centre Directors
 14 Organisation, which were from three different
 15 hospitals: Royal Free, one for Northern Ireland and
 16 one for the Royal Victorian Infirmary in Newcastle.
 17 It's just to give you a snapshot of how use varied
 18 across the country at this time.
 19 We can see that this table is for haemophilia A
 20 patients. We understand it to include those who were
 21 treated for factor inhibitors as well. If we could
 22 expand, please, to show the whole document there,
 23 Soumik. I won't go through all of the different
 24 products, but we can see that Immuno, the total used
 25 at hospital in-patients at the Royal Free was 424,585

92

(23) Pages 89 - 92

1 international units, and for home treatment, 594,814
 2 international units. So approximately 1 million units
 3 in total, which made it the second most used
 4 commercial product, and indeed second most used
 5 product, full stop, after Factor VIII.
 6 What this doesn't do is breakdown between red
 7 and blue Kryobulin.
 8 The next one, please, Soumik, is HCDO00001394 --
 9 let me try again HCDO0001394, thank you.
 10 Now, in Northern Ireland, we can see here Immuno
 11 is used to the extent of 63,809 international units
 12 for in-patients, 597,761 international units for home
 13 treatment. That makes it the most used of the
 14 products in Northern Ireland. Interestingly, Hemofil,
 15 which is just above it in the table is used to
 16 a similar but slightly less amount, 520,887 units but
 17 all of that was used for in-patients, none of it was
 18 used for home treatment.
 19 Finally, HCDO0001451. This is the Royal
 20 Victoria Infirmary in Newcastle. These figures are
 21 caveated with an asterisk which says "See attached
 22 note". We don't have that note, unfortunately, but
 23 the point I would take from this is that Immuno, there
 24 is no entry next to it, it doesn't appear to have been
 25 used at the Royal Victoria Infirmary in Newcastle,

93

1 Soumik -- thank you -- that the following firms are
 2 suppliers of blood products to the UK, Alpha, Armour,
 3 Travenol, Immuno and Miles Laboratories -- Cutter.
 4 "Annual imports of [Factor VIII] by the above
 5 firms total about 42-50 million units.
 6 "With the exception of Immuno the firms state
 7 they do not or have ceased to collect in 'Epidemic'
 8 areas. All state that their collection centres are
 9 FDA licensed."
 10 We'll come back to the replies, as I say, sir,
 11 about that. That's something that we will deal with
 12 in particular in the November presentations about the
 13 response to the risk and particularly the risk of
 14 AIDS.
 15 "The plasma in each case is pooled prior to
 16 processing. In the case of Immuno products, European
 17 plasma and USA plasma are pooled separately.
 18 "The origin of all plasma is identifiable.
 19 "Each has given assurances that future sales
 20 will comply with FDA guidelines."
 21 Another point that we will come back to. A
 22 further company, Cutter, haven't replied.
 23 If we could go to the next page, please, sir,
 24 this is the point I wish to draw out for present
 25 purposes. If we look at the entry for Immuno, this is

95

1 which used, instead, Profilate Factor VIII and Koate
 2 in particular. All of those are from 1980.
 3 If we could take that down now, please, Soumik.
 4 In 1981, the licence for Kryobulin was altered to
 5 allow points of sale to include retail pharmacists,
 6 the references are MHRA0033321, page 3, and
 7 SHPL000036_005.
 8 There was an application to renew Kryobulin on 2
 9 March 1983, which was approved on 8 September 1983.
 10 The references are MHRA0033321_110 and the same stem
 11 _026.
 12 The final document I'd like to show you before
 13 lunch, sir, if I may, if we have time, is from the
 14 DHSS in 1983. It is DHSC0002229_055. This is
 15 a document that we will return to. The context of it
 16 is, as we can see from the introduction, is that,
 17 following a meeting on 3 June 1983:
 18 "... HSIB [which is part of the DHSS] circulated
 19 the questions listed in Dr Walford's minute of 14 June
 20 ... to suppliers and possible suppliers of coagulation
 21 [factors]."
 22 We will come back, sir, to that minute and the
 23 questions that were being asked of those
 24 manufacturers.
 25 We will see, if you can expand, please,

94

1 a table which is based upon the replies that have been
 2 given by the companies. We can see that they were
 3 asked for their annual UK sales. Kryobulin Red, which
 4 is the product made from German or Austrian plasma, is
 5 0.9 million international units; Kryobulin Blue, the
 6 product made from American plasma, is 4.1 million
 7 units. So 82 per cent of Kryobulin, as of 1983, was
 8 the American plasma. I note the time, sir.
 9 **SIR BRIAN LANGSTAFF:** Yes. Well, we'll take a break until
 10 2.05. 2.05.
 11 **(1.08 pm)**
 12 **(The luncheon adjournment)**
 13 **(2.05 pm)**
 14 **MR HILL:** Sir, you asked before lunch whether the same
 15 criteria about safety, efficacy and quality applied to
 16 a consideration of a renewal of a licence under the
 17 1968 Act --
 18 **SIR BRIAN LANGSTAFF:** Yes.
 19 **MR HILL:** -- as they did in consideration of the original
 20 licence. The short answer to the question is that,
 21 yes, they do. That can be found in Section 24, and
 22 particularly Section 24(4) of the 1968 Act, which says
 23 that when a renewal application is being considered,
 24 Section 19 of the Act applies.
 25 Soumik, if we could have up, please,

96

(24) Pages 93 - 96

1 RLIT0000691, page 11. This is Section 19 of the Act
 2 and so that you have the exact statutory language,
 3 sir, we can see Section 19(1) says that:
 4 "Subject to the following provisions of this
 5 Part of the Act, in dealing with an application for
 6 a product licence, the licensing authority shall in
 7 particular take into consideration --
 8 "(a) the safety of medicinal products of each
 9 description to which the application relates;
 10 "(b) the efficacy of medicinal products of each
 11 such description for the purposes for which the
 12 products are proposed to be administered; and
 13 "(c) the quality of medicinal products of each
 14 such description, according to the specification and
 15 the method or proposed method of manufacture of the
 16 products, and the provisions proposed for securing
 17 that the products as sold or supplied will be of that
 18 quality."
 19 Soumik, if we could expand, please, and go on to
 20 (2). This is the point about when you can take
 21 efficacy of another product into account:
 22 "In taking into consideration the efficacy for
 23 a particular purpose of medicinal products of
 24 a description to which such an application relates,
 25 the licensing authority shall leave out of account any

97

1 "The licensing authority cannot refuse a licence
 2 on the grounds of price and cannot make a licence
 3 provisional on the product being sold at a particular
 4 price."
 5 **SIR BRIAN LANGSTAFF:** So the Licensing Authority could
 6 make it a requirement of the licence, could they, that
 7 the licensed party informed those who were to receive
 8 the product that there was a -- sorry, that the
 9 information that would be given to the public, that
 10 there was a safer product manufactured by the same
 11 company at a different but higher price.
 12 **MR HILL:** I can see no reason why that couldn't be made
 13 a condition of the licence.
 14 **SIR BRIAN LANGSTAFF:** One --
 15 **MR HILL:** They could, of course -- one of the ways of
 16 doing that would be to specify as a condition of the
 17 licence --
 18 **SIR BRIAN LANGSTAFF:** Yes.
 19 **MR HILL:** -- or as part of a negotiation which leads to
 20 the final licence, but in your product sheet you put
 21 a statement to that effect. We will go on to see
 22 in some of the evidence that we look at this afternoon
 23 a specific requirement being made by the Licensing
 24 Authority about a particular statement, which should
 25 be placed either in a data sheet or on a label, so

99

1 question whether medicinal products of another
 2 description would or might be equally or more
 3 efficacious for that purpose:
 4 "Provided that nothing in this subsection shall
 5 be construed as requiring the licensing authority, in
 6 considering the safety of medicinal products of
 7 a particular description, in relation to a purpose for
 8 which they are proposed to be administered, to leave
 9 out of account any question whether medicinal products
 10 of another description, being equally or more
 11 efficacious of that purpose, would be or might be
 12 safer in relation to that purpose."
 13 That is what I tried to summarise earlier, sir,
 14 in, I hope, slightly more user friendly language,
 15 about when you can or can't take the efficacy of
 16 another product into consideration.
 17 **SIR BRIAN LANGSTAFF:** Yes. Yes, thank you.
 18 **MR HILL:** As I say, sir, that applies both to renewal and
 19 to the original application.
 20 **SIR BRIAN LANGSTAFF:** Yes. The criteria don't exclude
 21 cost being a consideration, but they don't mention it
 22 and they give primacy to those three points.
 23 **MR HILL:** Yes, cost comes up somewhere else.
 24 So it's Section 20 that deals with the point
 25 about costs, which is that:

98

1 that is an option that is open to them. What they
 2 can't do is fix the price.
 3 **SIR BRIAN LANGSTAFF:** Yes. Thank you.
 4 **MR HILL:** One further document, sir, before we move to
 5 heat-treated products. Could we have up onscreen,
 6 please, Soumik, HCD0000403. I'm grateful for this
 7 having been brought to my attention. This is the
 8 "Minutes of the Eighth Meeting of the Haemophilia
 9 Reference Centre", held 6 April 1979, at St Thomas'
 10 Hospital. We can see those who are present, Professor
 11 Blackburn in the chair, and then names that will be
 12 familiar to you and those who are watching this.
 13 If we could turn, please, to page 2, the bottom
 14 of page 2, item 5. The minutes record this:
 15 "Concerning factor VIII concentrates (Kryobulin)
 16 supplied my Immuno Ltd.
 17 "It was pointed out that the company was now
 18 selling Kryobulin factor VIII at two prices, the
 19 cheaper preparation being made from American plasma.
 20 The implication is that the cheaper product carries
 21 the higher risk of plasma viral hepatitis. This has
 22 worried some of the Directors. Professor Ingram has
 23 been in contact with Mr Berry of Immuno who had said
 24 that their action was aimed at making available to
 25 clinicians material which may carry less risk of

100

(25) Pages 97 - 100

1 transmitting hepatitis."

2 There was then some general discussion about the

3 price of Factor VIII and the fluctuation in prices.

4 **SIR BRIAN LANGSTAFF:** That expression of the reason for

5 providing two priced products was that the -- it was

6 to make available the safer product, though more

7 expensive, as opposed to the inference from the German

8 document translated, which was that it was exactly the

9 other way around. It was Immuno seeking to give or

10 put on the market something which was cheaper because,

11 well, it was riskier, from American plasma, but their

12 main object was not safety, it was cheapness.

13 **MR HILL:** Yes, sir, I would agree with that analysis. The

14 other point --

15 **SIR BRIAN LANGSTAFF:** If that's right, and if Mr Berry had

16 been properly informed and if it's properly reported

17 what he said to Professor Ingram, it's almost

18 deceptive. I don't know about the "almost".

19 **MR HILL:** There is no evidence for Mr Berry that we have

20 that Mr Berry was informed of those Immuno AG

21 documents. We simply don't know whether or not he was

22 aware of that discussion.

23 **SIR BRIAN LANGSTAFF:** Yes.

24 **MR HILL:** What we can say from --

25 **SIR BRIAN LANGSTAFF:** But he is making a claim for what

101

1 **SIR BRIAN LANGSTAFF:** Yes.

2 **MR HILL:** That is the stated reason, and if we could go --

3 the signature has been, for obvious reasons, redacted

4 on this version. I have a version which seems to be

5 signed by Norman Berry.

6 **SIR BRIAN LANGSTAFF:** By Mr Berry?

7 **MR HILL:** By Mr Berry.

8 **SIR BRIAN LANGSTAFF:** Yes.

9 **MR HILL:** That's 11 November 1976.

10 **SIR BRIAN LANGSTAFF:** Thank you.

11 Well, I think it would be in the public interest

12 to remove that GRO-C cover.

13 **MR HILL:** We will make arrangements for that to be so.

14 Of course, if any Core Participant wishes to raise any

15 objection --

16 **SIR BRIAN LANGSTAFF:** Of course. I'll listen to any

17 objection there is to that course.

18 **MR HILL:** I turn now, sir, to the issue of heat treatment.

19 Soumik, can we have onscreen, please,

20 SHPL0000068_070.

21 We can see this is a note of a discussion from

22 24 November 1984, so we've come forward a few years in

23 time. Present are Dr Eibl, Dr Schwarz, Mr Berry and

24 others, including Mrs Diernhofer. This is a meeting

25 in which the heat treatment of Kryobulin was

103

1 the purpose was.

2 **MR HILL:** According to this minute.

3 **SIR BRIAN LANGSTAFF:** Yes.

4 **MR HILL:** Yes.

5 **SIR BRIAN LANGSTAFF:** Only if he's reported properly and

6 accurately, that will be so.

7 **MR HILL:** The other point that I would make, sir, is that

8 the application that was made to the Licensing

9 Authority -- if we could have it onscreen, please,

10 Soumik -- MHRA0033321_085. So this is the application

11 to change to allow American plasma, and if we could go

12 down to the reasons, please:

13 "It is possible to sell ..."

14 So this is the stated reason as part of the

15 application to the Licensing Authority, why they are

16 seeking this change:

17 "It is possible to sell Factor VIII Concentrates

18 produced from plasma of US origin at lower prices than

19 European based material. Because of the preference in

20 the UK market for this lower priced material, we also

21 wish to make it available. Packs of Kryobulin from

22 alternative source material will be of a clearly

23 distinguishable colour ... and we will continue to

24 make available European as well as the proposed new

25 concentrate derived from American plasma."

102

1 discussed. If we could turn, please, to the second

2 page -- sorry, the fourth page. Under the heading

3 "Virus inactivated coagulation products", this states:

4 "Dr Schwarz tried to give a survey of the

5 various heat and steam inactivation procedures."

6 This is what I alluded to earlier, sir, the

7 different types of treatment which were available as

8 of November 1984. We can look at them here:

9 "TIM 2 ..."

10 This is the dry heated treatment:

11 "... 10 hours, 60°C, dry state.

12 "TIM 3 -- 10 hours, 60°C, dry state ..."

13 I pause there to note that although those

14 details at the same, there are other ways in which the

15 two methods differ:

16 "TIM 4 -- 10 hours, 80°C, dry state.

17 "Neo TIM 2 -- 1 hour, 60°C, 200 mbar."

18 That is a reference to it being steam or

19 vapour heated under pressure, and the 200 millibars is

20 for pressure.

21 "Neo TIM 3 -- 5 to 10 hours, 60°C ..."

22 Again under pressure.

23 And:

24 "Neo TIM 4 -- 1 hour, 80°C ... 250 mbar +

25 10 hours, 60°C ... [at] 200 mbar."

104

(26) Pages 101 - 104

1 So those are the different ways in which Immuno
2 were seeking viral inactivation in their products.
3 Different times, different methods of heating,
4 different temperatures. And in one instance
5 a different pressure as well. This applies to
6 Kryobulin but it also applies to the other products
7 that we will consider in due course.

8 What the meeting then goes on to say is this:

9 "As to methods TIM 2 and TIM 3, as well as TIM 4
10 [these are the dry heated treatments] we may run into
11 difficulties with respect to patent protection. There
12 exists a Hyland patent for this kind of inactivation.
13 For methods Neo TIM 2, 3 and 4, we have already
14 applied for patents.

15 "As Mr Berry explained it will be essential to
16 amend our product licence applications to introduce
17 inactivated products if we do not want to lose the
18 British market. Lane [that's a reference to Dr Lane
19 of BPL] promised that products that have not been
20 virus-inactivated will not be used after April 1985.
21 Bloom [that's Professor Bloom] also stated that he
22 will no longer use any products that have not been
23 inactivated after his stock has run out.

24 "It was decided that, for the time being, data
25 for Kryobulin TIM 2 should be submitted to the

105

1 authorities in order to maintain our market position
2 and to achieve a slight price increase."

3 The document then goes on to discuss ways of
4 heating FEIBA and Prothromplex.

5 If we could turn then SHPL0000067_028. It's
6 a letter dated 26 November 1984, so two days after
7 that meeting where the discussion was taking place
8 about the viral inactivation techniques. It is
9 a letter from the DHSS, and particularly from Dr Mary
10 Duncan of the DHSS, to Mr Nicholson, that's
11 Robert Nicholson of Immuno Ltd, the British company.
12 What it says this is this:

13 "Dear Mr Nicholson.

14 "HEAT-TREATED FACTOR VIII.

15 "Following our recent telephone conversation may
16 I confirm that the licensing authority wishes to
17 encourage all companies involved in the production of
18 Factor VIII to use a dry heat treatment process in the
19 course of manufacture.

20 "We are inviting each company to consider this
21 proposal and, hopefully, to make early (abridged)
22 application for a new product licence.

23 "I look forward to hearing from you in the near
24 future."

25 This, sir, is in the context of the

106

1 understanding that had developed during the autumn of
2 1984 that HTLV-III could be inactivated by heat
3 treatment. So we can see there are discussions taking
4 place within Immuno AG and between Immuno AG and
5 Immuno Ltd, and also encouragement from the Licensing
6 Authority, the Department of Health, to put forward
7 applications for dry-heated-treated licences. The
8 following month, December 1984, Immuno applied to
9 change the Kryobulin product licence to introduce
10 a heat-treatment step. That was said to be done "to
11 reduce the risk of transmission of viral diseases".
12 They proposed renaming the product Kryobulin TIM 2.

13 In a letter dated 18 January 1985, the Licensing
14 Authority required Immuno to confirm in writing that
15 the data sheet for the Kryobulin TIM 2 would include
16 a statement that the product had been heated for
17 10 hours at 60 degrees.

18 I pause there, sir, to say that this is an
19 example of the types of requirement that the Licensing
20 Authority can make in terms of how a product is
21 presented to those who are using it.

22 That was agreed by Mr Berry on 23 January,
23 a variation application was approved on
24 7 February 1985. So we can see, November,
25 encouragement to make the licence applications for

107

1 dry-heated products, licence application goes in in
2 December 1984, and it is approved on 7 February 1985.

3 So that they're on the transcript, the
4 references are MHRA0033320_066, SHPL0000271_021,
5 SHPL0000271_020, and SHPL0000271_011.

6 An insight into the way that the process was
7 working at this time is provided by a document that
8 was sent on 8 January 1985, and could we have, please,
9 Soumik, MHRA0019502.

10 This is a letter which is sent from Dr Duncan
11 Thomas of the National Institute for Biological
12 Standards and Control, the head of the Blood Products
13 Division, and we've heard his name a couple of times
14 today. It's sent to Dr Duncan of the Medicines
15 Division, the same woman who had sent the letter that
16 we have just looked in November, encouraging
17 applications for heat treatment. This is what
18 Dr Thomas says:

19 "Dear Mary,

20 "Heat-Treated Factor VIII

21 "Thank you for your letters of December 18th and
22 27th, 1984. I have now had a chance to look at three
23 sets of data relating to this product, provided
24 respectively by Miles, Travenol and Immuno. While all
25 three companies are currently heat-treating their

108

(27) Pages 105 - 108

1 Factor VIII, and appear to be producing a satisfactory
2 product, there are marked discrepancies between them
3 in relation to the temperature and length of time for
4 which the product is heated. The other obvious
5 discrepancy is in the extent to which the companies
6 have used marker viruses to assess the efficacy of
7 their heat treatment. For example, Miles Laboratories
8 have used five marker viruses and heated for 72 hours
9 at 68°C. In contrast, Immuno used only one marker
10 virus and heated their product for only 10 hours at
11 60°C. Travenol studied four marker viruses and
12 heat-treated their product for 72 hours at 60°C. Just
13 to add to the confusion, I learned yesterday that all
14 Scottish-produced Factor VIII is now currently being
15 heated for two hours at 68°C! I must confess that
16 I find this all rather worrying, particularly as the
17 Licensing Authority has decided to deal with the
18 matter 'in house' and not refer to the Committee for
19 advice.

20 "On the basis of the data provided, I am [most]
21 impressed with that supplied by Miles Laboratories
22 (Koate, Cutter)."

23 **SIR BRIAN LANGSTAFF:** "Most" or is it "more"?

24 **MR HILL:** I'm sorry, "more":

25 "Not only did they use several marker viruses,

109

1 they also actually studied effect of heat-treatment on
2 two of the three AIDS-related viruses (LAV and ARV).
3 If they find it necessary to heat to 68°C for
4 72 hours, one wonders why Immuno believe that they can
5 get away with only heating to 60°C for 10 hours.
6 While it seems reasonable to conclude that all of the
7 regimens of heat treatment reduce infectivity,
8 particularly in relation to AIDS, one is very struck
9 by the variation in quality of the data provided. In
10 particular, I am worried about the paucity of data
11 provided by Immuno in relation to the efficacy of
12 their heat treatment. As you know, we have looked at
13 most of the heat-treated Factor VIII in the
14 laboratory, and find no significant difference from
15 the untreated material in relation to solubility, assay
16 characteristics, evidence for neo-antigens, etc.

17 "I hope these few comments are of some help to
18 you in your deliberations!

19 "With all good wishes,

20 "Yours sincerely,

21 "Duncan ... Thomas."

22 We take from that, sir, aside from Dr Thomas'
23 comments on the various products, that the licence
24 applications were being considered, as he put it,
25 in-house, by the Medicines Division of the Department

110

1 of Health and Social Services, not being sent out to
2 the Committee on the Safety of Medicines. We will, no
3 doubt, hear further evidence on that, the context, of
4 course, is the pressing need to do something in
5 response to the risk of AIDS.

6 Mr Thomas' concerns about the quality of the
7 data being provided by Immuno seemed to have been
8 shared with at least some of those in the company.

9 Soumik can we have onscreen, please,
10 SHPL0000048_026. This is dated 5 March 1985, and it
11 is a letter that is being sent from Mr Berry as
12 chairman, and Mr Coombes as managing director of
13 Immuno Ltd to Dr Eibl and Dr Schwarz in Immuno AG. In
14 respect of Kryobulin, the letter says this:

15 "Subject to minor alterations in title and
16 direction circular, we have been awarded a Product
17 Licence Modification. We have, however, been informed
18 both unofficially and officially that the information
19 submitted by us for this modification was most
20 inadequate and but for the panic situation which
21 existed to get everyone on heat-treated material as
22 quickly as possible, we would have been turned down.
23 They expected far better proof of inactivation with
24 evidence obtained against 6, 7 or 8 different viruses.
25 They wanted greater evidence shown by clinical

111

1 evaluation that the product remained equally effective
2 and with no increase in side effects."

3 A little later on the same document, towards the
4 bottom of that page, Mr Berry and Mr Coombes go on:

5 "You will recall that on receipt of both of
6 these amendments [this is referring to Kryobulin and
7 Prothromplex], we phoned and complained about the
8 paucity of information, but you insisted that you were
9 providing all that is needed. It is obvious that the
10 American companies were lavish in supply of detail and
11 our submission had compared most unfavourably. The
12 nadir of our submission was the Gammabulin Product
13 Licence Application."

14 That was an immunoglobulin.

15 "Since then our reputation for poor submissions
16 has improved and in fact Endobulin has received a
17 measure of commendation. The Kryobulin and especially
18 the Prothromplex amendments have had a further adverse
19 affect on our reputation."

20 This is a comment which is echoed in later
21 correspondence about concerns expressed by those in
22 Immuno Ltd about the amount of data, the amount of
23 information, that was being provided to support
24 applications by Immuno AG.

25 We go a little further down the page, we see,

112

(28) Pages 109 - 112

1 under the heading of "Pricing", on Factor VIII they
 2 write:
 3 "We have been endeavouring to get 14p per unit,
 4 but Armour, Cutter and Alpha are selling at 12p. This
 5 morning we have learned that Hyland have re-entered
 6 the fray at 10.5p.
 7 "We understand that you do not wish to reduce
 8 the price to us in order to protect your German
 9 business. If, however, these competitors decide to
 10 attack you in Germany with lower prices there, then
 11 will be no business there, nor any in Great Britain.
 12 "We are also losing established customers to
 13 Alpha who maintain that their wet heated method
 14 removes the risk of non A, non B hepatitis as well as
 15 AIDS. This has the support of the Royal Free Hospital
 16 and St Thomas', both of whom have used the material
 17 for 6 months on virgin patients without transmitting
 18 NANB."
 19 The paragraph below that says:
 20 "When the Ministry first contacted us concerning
 21 the issue of heated material, they made it clear they
 22 were looking for dry heated products. They now say
 23 that this was merely to avoid severe losses if they
 24 had specified wet heated. It is our view, however,
 25 that they are embarrassed by the new claims for wet

113

1 but there would be potentially for steam for wet
 2 heated treatment.
 3 For Kryobulin it was necessary to get
 4 a variation in the existing licence in order to
 5 provide a steam treated Factor VIII product, because
 6 the licence specified the dry heat method. The
 7 reference for that is SHPL0000050_011.
 8 It may help at this point, sir, to go to
 9 a document which shows which products were available
 10 when in the UK, and on which basis.
 11 Soumik, could we have SHPL0000066_001.
 12 **SIR BRIAN LANGSTAFF:** I'm sorry just to ask you to pause
 13 for a moment, because I'm just thinking about what
 14 you've just told me about SHPL0000050_011, which was
 15 that it indicated that the Immuno would have to show
 16 that the wet heated Kryobulin was superior to the dry
 17 heated.
 18 **MR HILL:** Yes, sir, so it's -- in order to get the
 19 variation of the licence there was an expectation that
 20 you would have to explain why at it that you're now
 21 burying this licence which you obtained just some
 22 eight to ten months earlier. That would require them
 23 to show that the steam treated method was superior
 24 or -- certainly the phrase "superior" was used in the
 25 document, but --

115

1 treated material and are trying to avoid a position
 2 where they backed the wrong horse. Alpha are,
 3 however, selling this material at 14p and are hoping
 4 to increase their price to somewhere 15p and 20p."
 5 So that, sir, is a reflection of what was being
 6 communicated between Immuno Ltd and Immuno AG at that
 7 time.
 8 In a letter to doctors on 11 March 1985,
 9 Mr Nicholson notified them that Immuno could supply
 10 heat-treated Kryobulin, which would henceforth be
 11 known as Kryobulin Heat-treated. So not TIM 2, the
 12 name that was given was Kryobulin Heat-treated. The
 13 reference is PRSE0002530.
 14 Moving forward to October 1985, there was
 15 discussion within Immuno about proposing changing the
 16 viral inactivation method from dry heat treatment to
 17 what was then described as steam heat treatment.
 18 A fax from Immuno AG to Immuno Ltd stated that this
 19 was both because test results showed superior HTLV-III
 20 inactivation through the use of steam treatment, and,
 21 and I quote, "for reasons of patent law".
 22 The reference is SHPL0000050_013. You will
 23 recall, sir, from some of the documents that we looked
 24 at earlier that there was a concern that there
 25 wouldn't be patent protection for dry heated treatment

114

1 **SIR BRIAN LANGSTAFF:** I'm just, in my mind, puzzled by the
 2 comparison between this application having to show
 3 that the varied product was superior, and the
 4 variation earlier on -- which we were discussing just
 5 before lunch and immediately after -- as to the
 6 variation of source material for the product, where no
 7 such requirement seems to have been mentioned.
 8 **MR HILL:** No, sir.
 9 **SIR BRIAN LANGSTAFF:** From what you've shown me from
 10 the Act, it's not a requirement as such to show that
 11 a product or licensing is superior to a previous
 12 product.
 13 **MR HILL:** No, sir, I think this was an expectation within
 14 Immuno Ltd about what they were going to need to
 15 demonstrate based on their knowledge of how the
 16 process worked. It wasn't a mandatory requirement.
 17 **SIR BRIAN LANGSTAFF:** So it's a form of practical
 18 reflection on what they saw or thought was happening,
 19 which may or may not be right?
 20 **MR HILL:** Yes.
 21 **SIR BRIAN LANGSTAFF:** Yes, I see. Thank you.
 22 **MR HILL:** The document that we have onscreen now, we can
 23 see is sent from Immuno AG to Immuno Ltd, sent to
 24 Mr Coombes. It's dated 20 December 1989. It attaches
 25 a list of all copies of Kryobulin and Prothromplex

116

(29) Pages 113 - 116

1 texts. We'll come back this document because it helps
2 us to understand how the warnings developed in the
3 data sheets.

4 But at the end of the file -- at page 80,
5 please, Soumik -- we have a fax which was sent the
6 other way, from Mr Coombes to Immuno AG. It again
7 refers to pack inserts and it comes from
8 November 1989. And it is, seemingly, a list of the
9 products that were available on the UK market, when
10 they were available, and the status of those products.

11 We can see the Kryobulin, the non-treated
12 product, which was licensed, was available until
13 December 1984. The dry heated Kryobulin was supplied
14 on an unlicensed basis between December 1984 to
15 March 1985. That ties in with the dates that we've
16 just been discussing.

17 Then Kryobulin dry heated licensed, supplied
18 from March 1985 to December 1986. Then Kryobulin
19 TIM 3 (steam), so this is a steam treated product,
20 unlicensed, supplied from October 1986 "to date". The
21 date of that is November 1989.

22 Without wishing to give away the next step in
23 the story, that shows that while Immuno retained
24 a licence for dry heated products in the UK, they did
25 not, in the 1980s, have a licence for steam treated

117

1 The reference is MHRA0033320_044.
2 The application was rejected on 11 July 1986,
3 SHPL0000271_008.

4 We will come back to the terminology, steam
5 treatment or vapour treatment, when we come to look at
6 the packaging.

7 Immuno prepared a variation application to
8 change to what was now termed a "vapour heated
9 product", after getting that rejection. The reference
10 is SHPL0000141_220.

11 In a memo which is at that reference it was
12 stated that:

13 "It [was] essential that we obtain the Kryobulin
14 licence amendment as soon as possible as we are now no
15 longer able to apply for Factor VIII contracts due to
16 the fact that we do not have a licensed product."

17 The variation application -- the next variation
18 application was sent in a letter on 23 December 1986.
19 The term used was "vapour heated product". It was
20 a method 3 product, so a steam TIM 3 product. It was
21 differentiated from the March 1986 variation, which
22 had been unsuccessful, and Mr Berry said in his
23 submissions to the Department that the proposed
24 changes would introduce into the UK, in his words,
25 "the most rigorously treated Factor VIII concentrate

119

1 products, despite the applications that we're going to
2 come on to discuss.

3 But this document appears to show that that was
4 nonetheless supplied, presumably on a named patient
5 basis, possibly on a clinical trial basis.

6 The first application to switch to steam
7 treatment was made on 5 March 1986. The reference is
8 MHRA0033320_040.

9 The pharmaceutical assessor raised several
10 points on receipt of the application, raised them with
11 Immuno, and these included a request for further
12 information on the moisture content in the steam
13 treatment process, and it was noted that the assessor
14 was not convinced that steam treatment offers any
15 advantage over dry heat in terms of viral
16 inactivation. The reference is SHPL0000065_028.

17 The Committee on Safety of Medicines
18 Subcommittee on Biological Materials assessed the
19 application in July 1986. They considered that they
20 were unable to recommend the variation on the grounds
21 of quality and safety, and requested further
22 information about the process and justification of the
23 steam treatment. They also noted, and I quote here:

24 "The term 'steam treatment' is a misnomer and is
25 unacceptable."

118

1 currently available from Immuno". He stressed that
2 the product for which the licence was sought was
3 totally different, in terms of heat treatment and
4 viral inactivation profiles, from that which had been
5 rejected in March 1986.

6 He stated that the concentration of HTLV-III was
7 reduced by six log steps after vapour heating for
8 three hours, but to ensure an even greater level of
9 safety, in his words, it was heated for a further
10 seven hours.

11 The reference is MHRA0033319_017.

12 The sum total of that is that the product was
13 heated for 10 hours at 60 degrees Celsius in the
14 presence of moisture.

15 The variation application included information
16 that the donors were tested for antibodies for
17 HTLV-III using FDA approved tests.

18 It was stated, and I quote here -- actually,,
19 Soumik, can we have this on the screen, please,
20 MHRA0033320_006.

21 That, sir, is now -- I'm sure people will now
22 begin to recognise this as a variation application
23 form. You can see that it's to vapour heated
24 Factor VIII, method 3.

25 If we could go, please, Soumik, to page 3 of

120

(30) Pages 117 - 120

1 that. This is what it said about the -- underneath
 2 the headings "Precautions and warnings":
 3 "The careful selection of donors and plasma and
 4 the vapour heated treatment process which has been
 5 shown capable of reducing artificially introduced
 6 HTLV-III by 6 log steps, suggests that in the light of
 7 present knowledge the transmission of HTLV-III can be
 8 excluded.
 9 "The above measures will certainly reduce the
 10 risk of transmission of viral hepatitis. This is
 11 being demonstrated by the fact that upwards of 20
 12 naive patients have been followed up by ALT tests for
 13 4 months and have not acquired NANB infection but
 14 transmission cannot be entirely ruled out."
 15 So that is what was said or proposed to be said
 16 in the warnings were an application to be granted.
 17 The application was considered by the CSM
 18 Subcommittee on Biologicals in July 1987.
 19 Soumik, could we have up, please,
 20 MHRA0033319_044.
 21 You can see that the Subcommittee recommendation
 22 was that:
 23 "On the evidence before [them], the Subcommittee
 24 on grounds relating to quality and safety were unable
 25 to recommend the grant of the variation of the Product

121

1 "They know that dry heated products at
 2 60 degrees for 30 hours have caused seroconversion in
 3 the United Kingdom."
 4 Which I take to be a reference to Factor VIII.
 5 We'll come on to that in due course. The reference is
 6 at SHPL0000141_151, and SHPL0000141_158.
 7 There was a meeting between representatives of
 8 Immuno Ltd and Immuno AG, and members of the Licensing
 9 Authority, to discuss the variation application, not
 10 just Kryobulin but also Prothromplex and FEIBA. That
 11 took place on 12 August 1987.
 12 Immuno undertook to withdraw the applications
 13 and agreed to submit an abridged product licence
 14 application for Kryobulin, including expert reports.
 15 The reference is MHRA0033319_040, and SHPL0000141_136.
 16 The formal rejection of the application came on
 17 16 September 1987, the reference is MHRA0033321_021.
 18 I'm not going to go through those documents,
 19 sir, but the references are there, and if people are
 20 interested in how the licensing process worked and the
 21 way in which discussions took place between
 22 representatives of the company and representatives of
 23 the Licensing Authority, those documents provide some
 24 insight into that.
 25 A further application to -- sorry, not

123

1 Licence for this preparation."
 2 I won't go through all of the points which are
 3 raised as to why they came to that conclusion, but
 4 I would highlight point 12 -- which is on the
 5 following page, Soumik.
 6 "There was concern regarding the transmission of
 7 Hepatitis B by this product."
 8 There was also a remark to the company from the
 9 Subcommittee:
 10 "In view of the number and importance of
 11 variations contained in this application a fuller and
 12 clearer list of where changes in application and
 13 quality control standards and procedures should have
 14 been given."
 15 Again, the complaint about Immuno not providing
 16 sufficient information to back up the applications.
 17 Mr Coombes from Immuno Ltd wrote to Immuno AG on
 18 20 July 1987 to relay the fact that the variation was
 19 going to be rejected, and to give details of
 20 conversations he had had as to why it was going to be
 21 rejected. One of the things that he said in that
 22 letter is that the Subcommittee were currently looking
 23 at products heated at 80 degrees for 72 hours, and
 24 therefore products heated for 10 hours at 60 degrees
 25 were looked upon with great suspicion. He adds:

122

1 a further -- an application to renew the existing dry
 2 heat-treated licence was made on 3 March 1988. Now,
 3 the submission that accompanied the application
 4 pointed out that the dry-heated product was no longer
 5 sold in the United Kingdom, and Immuno were currently
 6 preparing data for an abridged licence application for
 7 a vapour-heated product which they hoped to sell
 8 instead. The references are MHRA0033319_001, and the
 9 same stem, _002.
 10 The point here, sir, is that they have the
 11 licence for a dry-heated product, even though they're
 12 not selling that product in the UK they want to
 13 maintain the licence so that they can then apply to
 14 vary it to produce the steam-treated product, rather
 15 than starting from scratch and putting in a new
 16 licence application. It should be noted that the
 17 Licensing Authority were made fully aware of the fact
 18 that this is the approach that they were seeking to
 19 take.
 20 Soumik, if we could have onscreen, please,
 21 SHPL0000141_097. The situation as of 7 July 1988, as
 22 we understand it from the documents that we have
 23 looked at, is that Immuno Ltd were still providing UK
 24 clinicians with a Kryobulin product, it was
 25 a steam-treated product, the only that was available

124

(31) Pages 121 - 124

1 in the UK at that time, but it was unlicensed steam
2 treated product, so presumably it was being provided
3 on a named-patient basis, possibly on a clinical trial
4 basis. What is said in this letter to Dr Schwarz is
5 as follows:
6 "We have been informed this week that the
7 Regional Haemophilia Directors in the UK have sent
8 a circular letter to all Haemophilia Centres informing
9 that the only Factor VIII products to be used in the
10 UK are as follows, in order of priority:
11 "1. Factor VIIIY [from] BPL
12 "2. Haemate P [from] Behring
13 "3. Profilate [from] Alpha
14 "A customer of ours who has constantly been in
15 touch with us to establish when we are going to obtain
16 a Licence, has contacted one of the Regional
17 Haemophilia Directors in response to this letter and
18 has been informed that if she uses unlicensed products
19 then she will not have any backing from the
20 Haemophilia Directors and must take sole
21 responsibility for its use. She is, therefore, now
22 having to decide whether to change to another product.
23 We will have to be very careful that this situation
24 does not sent to Feiba as this currently provides
25 a very important part of our turnover."

125

1 those initial letters. The reference is
2 SHPL0000068_001. This was, again, referred to as
3 a "method 3 product".
4 So that application was made on 24 May 1990.
5 The next correspondence that we have, which is
6 relevant to the licensing, comes from 30 April 1991,
7 so nearly a year later, and it is from the Medicines
8 Control Agency, who, as we know have taken on the work
9 of the Medicines Division. That renewed the existing
10 Kryobulin heat-treated licence. So we understand that
11 to be a renewal of the dry heat-treated product. That
12 is SHPL0000067_001.
13 The application to vary that licence to
14 a vapour-heated product was considered by the
15 Committee on Safety of Medicines on 27 June 1991, and
16 on 8 July 1991 they informed Immuno that they were
17 unable to advise the grant of a product licence on
18 grounds relating to safety and quality. The reference
19 is MHRA0034575_058. Several reasons were cited,
20 including concern over the transmission of hepatitis B
21 and non-A, non-B hepatitis and also, in quotes, "the
22 risk/benefit ratio was unacceptable".
23 Mr Coombes subsequently wrote to Immuno AG on
24 31 July 1991, the reference is SHPL0000106_094. What
25 he said in the letter was, and I quote: **

127

1 FEIBA being a different product.
2 So we could see there that steam-treated
3 Kryobulin was still being provided, but there were
4 concerns amongst Immuno Ltd that its market share was
5 diminishing rapidly.
6 There are further letters -- I won't go through
7 them all, I will give the references in a second --
8 the general tenor of which is Immuno Ltd contacting
9 Immuno AG, urging the need to sort out licence
10 applications and to get a licence in order to protect
11 market share for Kryobulin within the UK.
12 The references are SHPL0000141_086, the letter
13 dated 27 September 1988; SHPL0000010_005; and
14 SHPL0000106_165. That final reference contains a note
15 from Mr Coombes to Immuno AG saying that their current
16 licences could be cancelled, these are his words:
17 "... if the DHSS realise that Kryobulin and
18 FEIBA are dry heated and Prothromplex is
19 non-heat-treated."
20 So he's concerned about the cancellation of
21 those licences. It should be added that the
22 dry-heated Kryobulin was not being sold even though
23 the licence still existed.
24 There was -- an abridged product licence for
25 Kryobulin was made on 24 May 1990, so sometime after

126

1 "I suspect that six log steps is no longer
2 acceptable to the Licensing Authorities, and we will
3 not be able to show a significant improvement from dry
4 heat."
5 He noted in the letter that: **
6 "By contrast, another product, Monoclote was
7 claiming a reduction of HTLV spiked virus over 15 log
8 steps."
9 So the concern is expressed by Mr Coombes in
10 this letter, in effect, that the viral inactivation
11 method that Immuno were seeking to have licensed,
12 compared unfavourably with those that, by that time,
13 were on the market and being considered by the
14 Licensing Authority. He thought that they were going
15 to have great difficulty in getting a licence.
16 There were further meetings with the Medicines
17 Control Agency, SHPL0000106_080, in which there was
18 a discussion about why the Medicines Control Agency
19 were reluctant to grant the licence. I won't go
20 through it, people are invited to consider and read it
21 again as it shows an insight into how this works.
22 But, to sum it up shortly, it's fair to say that the
23 MCA were not persuaded that vapour heating was
24 effective. They said that there was a spectrum
25 between, on the one hand, dry-heated products at the

128

(32) Pages 125 - 128

1 lesser end of effectiveness, and what was referred to
2 as pasturisation, so that's heating in a solution, at
3 the other end, which was safer, and the MCA considered
4 that steam treatment was -- vapour treatment was
5 somewhere in the middle and they couldn't quite place
6 where on the scale it was. That was one of the
7 reasons why they were not allowing the application.

8 As we move into 1992, I won't go through all of
9 the correspondence, there was a decision taken that
10 the Kryobulin heat-treated licence should be given up,
11 and an acceptance that there was no way that they
12 could be used in the future by Immuno Ltd, and
13 an acceptance, it seems, that the steam-treated
14 product -- sorry, the vapour-treated product was not
15 going to get through the Licensing Authority. The
16 references are SHPL0000148_001; SHPL0000067_006; and
17 SHPL0000067_005.

18 The licences for Kryobulin heat-treated and
19 indeed for Prothromplex were cancelled by the MCA on
20 14 April 1992.

21 That, sir, is the story of Kryobulin. It's been
22 slow going but hopefully, having seen some of these
23 documents, there will be no need to go back to them
24 and there will be a greater understanding of how the
25 process works and we'll pick up some pace, I hope,

129

1 going forward. I am about to turn to Prothromplex.

2 I'm conscious of the time, I don't know if you wish me
3 to continue or to take a break at this stage.

4 **SIR BRIAN LANGSTAFF:** Well, if it's a convenient moment to
5 take a break, yes, we'll take a break until 3.20.

6 **MR HILL:** Thank you, sir.

7 **SIR BRIAN LANGSTAFF:** Make it 3.25, to allow people time.
8 25 past.

9 (3.01 pm)

(A short break)

11 (3.25 pm)

12 **MR HILL:** Sir, we turn now to Prothromplex, which was the
13 Factor IX product. Serological Products Ltd applied
14 from a product licence for Prothromplex on
15 20 December 1972, SHPL0000197_078. It was stated that
16 it was manufactured in Austria and would be imported
17 into the United Kingdom. The warning was given in
18 similar to terms that we've seen before, and I quote:
19 "Despite the precautions taken in the selection
20 of donors the risk of transmission of homologous serum
21 hepatitis cannot be entirely excluded."

22 That is SHPL0000197_092. At the same time there
23 was an application for a clinical trial certificate
24 for Prothromplex for a particular -- for its use in
25 a particular purpose. That's SHPL0000665_019. So two

130

1 applications: product licence and clinical trial
2 certificate.

3 The application was successful and a licence was
4 issued in August 1973. One document that falls
5 between the two periods, which is of interest, is at
6 SHPL0000665_142, if we have that onscreen, please,
7 Soumik. This is a letter or a fax sent from Mr Berry
8 to Dr Eibl on 17 March 1973 and in relation to
9 Bebulin, which I understand to be an immunoglobulin,
10 and Prothromplex. It says:

11 "The committee of Safety of Medicines ask that
12 we

13 "Test the final products for absence of HAA ..."

14 Which is Hepatitis Associated Antigens, so as
15 well as testing for donors you test for final product
16 as well.

17 If we look at point 7:

18 "The Committee sees the justification of some
19 risk of hepatitis in treating a haemophiliac who would
20 otherwise die from Haemorrhage."

21 So we can see the risk/benefit analysis as
22 reported by Mr Berry as having been considered.

23 The licence, as I say, was issued on
24 14 August 1973, SHPL0000197_078, and the clinical
25 trial certificate was also issued on the same date,

131

1 SHPL0000665_019. The formal licence was issued on
2 10 December 1973, SHPL0000197_004. So the same
3 process again, but a letter of intent to issue
4 a licence stands as the licence.

5 It is sometimes said or thought, sir, that the
6 United Kingdom was practically self-sufficient in
7 Factor IX, but we can see from Prothromplex that the
8 product was used in the United Kingdom for the
9 treatment of patients who required Factor IX.

10 If we look at BAYP0000022_069. This is
11 a document, we don't know the hospital from which this
12 comes but, for reasons I'll explain, we suspect it
13 comes from a Scottish hospital. It comes from
14 a department of haematology and blood transfusion and
15 it gives totals of products used in 1975. We can
16 see the Factor VIII there lists cryoprecipitate,
17 Hemofil, Kryobulin and Edinburgh concentrate (PFC),
18 which is why we suspect this probably, given that it's
19 in 1975, is a Scottish hospital. If we go down, we
20 can see Factor IX -- sorry, just go up a little there,
21 Soumik, thank you.

22 So the Factor IX totals, by the far most used
23 product is Edinburgh Defix, provided by the Protein
24 Fractionation Centre, 403,600 units. Prothromplex,
25 stated as being from Immuno in Vienna, is 30,000

132

(33) Pages 129 - 132

1 international units. So we can see that the product
2 is being used.
3 Indeed, if we look at OXUH0000212_002 -- sorry,
4 OXUH0000212_002. Thanks. These are the annual
5 returns of 1978, as collected by the UK Haemophilia
6 Centres, and collected, in particular, by the Oxford
7 centre. If we look at page 3, please, Soumik. We can
8 see that Prothromplex is listed as one of the
9 materials used for haemophilia A patients with
10 Factor VIII antibodies. So for antibody patients
11 12,000 units of Prothromplex have been used.

12 If we could go to page 5, please, Soumik. While
13 we are on this document and because we will be coming
14 it to later, we can see at the same time for FEIBA,
15 this is for Factor VIII antibody patients,
16 1.928 million units of FEIBA used at this time, and
17 we'll come back to that in due course.

18 The Prothromplex product licence was renewed on
19 17 August 1978, SHPL0000377, and in September 1981 we
20 have a letter from Mr Berry which states that
21 Immuno AG "only have permission to use European plasma
22 for Prothromplex". That is SHPL0000271_040. So only
23 European plasma at that time, 1981.

24 If we could have onscreen, please,
25 DHSC0002229_055, this is the same document that we

133

1 looked at earlier, sir, this is the DHSS document
2 collating the information that was providing in
3 response to Dr Walford's questionnaire of the
4 manufacturers. If we go to page 2, please, Soumik.
5 This is dated 28 June 1983. If we look at the heading
6 for Immuno, we can see annual sales for Prothromplex
7 of 0.8 million international units, and it is stated
8 to be for Factor IX, although this is a table which
9 doesn't go into a great detail, it may also have been
10 being used for Factor VIII inhibitor patients.
11 Interestingly, in this table, it is stated that
12 Prothromplex is made from European or US plasma.

13 Now, we don't know the basis for why that is
14 said. It's something that we will continue to
15 investigate. But you will have seen from the previous
16 reference, September 1981, the understanding was that
17 there was permission only to use European plasma. It
18 could be a mistake on the table, we don't know. But
19 that is something that we will continue to examine.

20 Again, I note FEIBA there, 1.5 million
21 international units provided in 1983 on an annual
22 basis.

23 By November 1984, Immuno were preparing to
24 submit a variation for Prothromplex licence, which was
25 for a dry heated product, heated at 10 hours at

134

1 80 degrees. So this was what was known as the TIM 4,
2 the method 4 dry heated product.

3 The reference is SHPL0000168_020,
4 SHPL0000168_022, and SHPL0000068_070.

5 It's not entirely clear when the variation was
6 submitted. It was being prepared in November '84, we
7 don't quite know when it was submitted, but we do have
8 a note from 5 March 1985 to say that the application
9 had been rejected. The reference is SHPL0000048_026.

10 We looked earlier, sir, at some of the
11 documentation about the urgency with which
12 heat-treated products were being approved at that
13 time, in terms of Factor VIII. But despite the
14 application taking place in exactly the same period,
15 the Prothromplex application was refused, and one of
16 the reasons given was the need for, and I quote
17 "clinical proof that heat treating does not cause
18 thrombogenicity". So this is a recurrent concern with
19 heat-treated Factor IX products that, by treating
20 those products in order to try to inactivate HIV, you
21 may be increasing the risk of causing blood clots as
22 a result of the nature of the protein changing in the
23 heat treatment process.

24 So that is one of the reasons why this
25 application was unsuccessful.

135

1 Even though that application was unsuccessful,
2 there is evidence that Prothromplex TIM 4, the dry
3 heated TIM 4 product, was nonetheless available in the
4 United Kingdom, presumably on a named patient basis.
5 Could we have this onscreen, please, Soumik --
6 SHPL0000067_054.

7 We have a fax from Mr Nicholson of Immuno Ltd to
8 Immuno AG, 21 December 1984, particularly to
9 Mrs Diernhofer of the licensing department. It says:
10 "Thank you for your combined efforts in getting
11 new heat-treated packaging done for Kryobulin, FEIBA
12 and Prothromplex. Our initial stocks have not
13 arrived."

14 Then it says:

15 "We were slightly concerned that the PL and
16 PA nos. [so that's product licence and product
17 application numbers] appeared on the Kryobulin TIM 2
18 and [product licence] no. on the Prothromplex TIM 4 as
19 both these are still unlicensed products.

20 "We will probably have to send a letter with
21 each consignment so that customers do not believe the
22 products are already licensed."

23 Evidence, sir, that the unlicensed product is
24 still being provided within the UK at that time and
25 that there has been a mix-up in the labelling of that

136

(34) Pages 133 - 136

1 product.
2 A further document may assist, sir.
3 PRSE0002530.
4 **SIR BRIAN LANGSTAFF:** Just pausing there for a moment. If
5 the named patient basis was the only basis for supply,
6 then it seems rather odd that there is a consignment,
7 references to a consignment, and that customers don't
8 believe the products are already licensed, because by
9 definition if it's for a named patient, that's what
10 will have been applied for by the clinician and they
11 know perfectly well that it's not licensed, which is
12 why they're asking for a named patient basis supply.
13 **MR HILL:** That's correct, sir, there is a possibility that
14 the concern would be that the customer knew that
15 a licence had been applied for, and that if they
16 received a box which has the licence number on it,
17 they would understandably assume that the licence had
18 been granted. So it may be that that was
19 Mr Nicholson's concern and that was why he was
20 intending to send the letter.
21 **SIR BRIAN LANGSTAFF:** Yes. So the product they wanted,
22 they were getting, but this is a bit of information
23 which just needed to be right?
24 **MR HILL:** Yes.
25 **SIR BRIAN LANGSTAFF:** I see.

137

1 but it is a matter that you may wish to consider. But
2 what this does show is that the non-heat-treated
3 Prothromplex was no longer available in the UK, that
4 Prothromplex TIM 4 could be supplied on a doctor/named
5 patient basis, even though it was not licensed.
6 A little context for that letter comes from
7 a fax sent from Immuno Ltd to Immuno AG the following
8 day. That letter was dated 11 March 1985; this fax is
9 12 March 1985.
10 Soumik, it's SHPL0000048_029. If we go down to
11 the second paragraph, the first paragraph concerns
12 a different form of heat treatment which I won't
13 trouble everybody with now.
14 It says:
15 "As we predicted hospitals are now changing over
16 to heat-treated Factor IX as there is no health
17 service product available. There is a market for at
18 least 12 million units and our competitors are already
19 taking this business with their competitive prices.
20 I appreciate your problems with prices in other
21 countries but we cannot understand why this does not
22 seem to bother all of the other blood product
23 companies, Alpha, Travenol, Cutter, Armour who also
24 sell in Europe.
25 "We could do well the Prothromplex TIM 2 if we

139

1 **MR HILL:** Yes.
2 If we could have a further document up,
3 PRSE0002530, tab 102.
4 Now, this a document which is dated
5 11 March 1985. The opening paragraph informs doctors,
6 and it's a "Dear doctor" letter, that the product
7 licence for heat-treated Kryobulin had been granted,
8 and then ... sorry, if we could go back to the full --
9 thank you, Soumik.
10 It then goes on to discuss some other aspect of
11 the Kryobulin element.
12 Then it goes on to say:
13 "As you may know, we have held a Product Licence
14 for our Factor IX concentrate, Prothromplex, for over
15 11 years, but at the present time our standard product
16 is no longer available within the UK. We are in the
17 process of seeking an amendment to our Licence to
18 supply heat-treated Prothromplex TIM 4., but until
19 this has been approved, we can only supply this on
20 a doctor/named patient basis."
21 Then it goes back to Kryobulin.
22 I draw this to your attention, sir, for your
23 consideration about the prohibition, as we have
24 discussed, on advertising and making representations
25 about a product. We make no submission on that now,

138

1 can move quickly and the price looks very
2 interesting."
3 That is a reference to the other form of
4 heat-treated product which, as far as I understand,
5 was not made available in the UK. But the previous
6 paragraph is the context to which I wished to draw
7 your attention.
8 On 4 April 1985, the previous correspondence
9 coming from the previous month, Immuno AG informed
10 Immuno Ltd that they shouldn't take any further action
11 on licence variations for Prothromplex, because there
12 was an expectation that they would soon receive some
13 additional data about viral inactivation against
14 HTLV-III. That's SHPL0000048_025.
15 So, as of April 1985: no licence and stop
16 seeking to make any variations to the licence until we
17 have this new data.
18 SHPL0000048_024, please, Soumik.
19 11 April 1985. Mr Berry faxing Immuno AG
20 saying:
21 "We need further evidence that anti-viral
22 treatment photograph Prothromplex and FEIBA does not
23 cause thrombogenicity. We are selling substantial
24 quantities of both products and if you will advise us
25 on what tests will clarify the situation, we can

140

(35) Pages 137 - 140

1 arrange to have these done."
 2 So substantial products of Prothromplex being
 3 sold presumably on a named patient basis, at a time
 4 when there had been an instruction not to take any
 5 further action on the licence.
 6 Soumik, if we could have on screen, please,
 7 SHPL0000066_01. It's page 80. This is the same
 8 document that we saw earlier, which provides
 9 an overview of when products were available in the UK,
 10 and the nature of those products, and we can see for
 11 Prothromplex that there was a licensed
 12 non-heat-treated version available until
 13 December 1984. That's when the non-heat-treated
 14 ceased to be available. Then Prothromplex, TIM 4, dry
 15 heated, unlicensed, from December 1984 to
 16 November 1985. So at the time that we are talking
 17 about here in these letters it seems to be the
 18 dry-heated TIM 4 which is being provided on
 19 an unlicensed basis.
 20 Prothromplex Steam 2, January 1986 to
 21 September 1986, on an unlicensed basis -- forgive me,
 22 I'd said earlier that I didn't think that that was
 23 provided, but it was -- and Prothromplex TIM 4, steam
 24 treated, January 1987 to the date of the letter, which
 25 is November 1989, and although it is not stated in the

141

1 Mr Nicholson commented that he was rather surprised
 2 that that licence was renewed. The reference to that
 3 is SHPL0000175_009.
 4 There was a further application to vary the
 5 Prothromplex licence in September 1990,
 6 SHPL0000311_039, and this was the steam-treated TIM 4
 7 variant. The CSM, Committee on Safety of Medicines,
 8 considered that application, and concluded that they
 9 were unable to advise the grant of the variation on
 10 grounds of safety and quality. They provided several
 11 reasons, including the view that:
 12 "In view of a potential for hepatitis
 13 transmission by the product, the risk/benefit ratio
 14 was inappropriate."
 15 The reference is MHRA0034575_060.
 16 **SIR BRIAN LANGSTAFF:** Is there any documentation, which we
 17 have from the Licensing Authority itself, about the
 18 renewal of licences for non-heat-treated product in
 19 the mid-'80s and again in '89, '84 and '89 -- '85 and
 20 '89.
 21 **MR HILL:** We can check to try to find further detail.
 22 **SIR BRIAN LANGSTAFF:** But, on the face of it, it looks
 23 a little -- it looks as though it might require
 24 further investigation because it could well be that
 25 these are products which, not being heat-treated, may

143

1 letter, as we will from the documents, that product,
 2 too, was unlicensed.
 3 So the last licensed variant of Prothromplex in
 4 the UK was sold in December 1984.
 5 If we could just leave that up for a moment.
 6 The Prothromplex product licence was renewed on
 7 13 September 1985, SHPL0000377, again that was given
 8 retrospective effect, so this is for the
 9 non-heat-treated product that the licence remains so
 10 that they can apply for variations to it.
 11 The TIM 4, steam treated, which was introduced
 12 in January 1987, that was heated at one hour -- for
 13 one hour at 80 degrees and for 10 hours at 60 degrees,
 14 and it was increasingly to that product that Immuno
 15 sought to change the licence.
 16 If we could -- yes, we can take that down now,
 17 please, Soumik, thank you.
 18 There was another variation application
 19 submitted on 23 December 1986, MHRA0033300_033, but
 20 that was withdrawn on 8 September 1987,
 21 SHPL0000106_220.
 22 The non-heat-treated licence was renewed on
 23 21 February 1989, SHPL0000377. Even though the
 24 product wasn't being sold, it is still there to allow
 25 for the variation applications to be made.

142

1 not have viruses in them inactivated.
 2 **MR HILL:** Yes, sir, I think we will investigate it
 3 further. A possible answer is that the advantage to
 4 a company of maintaining that licence, even if they're
 5 not selling the product, is that the licence is then
 6 there and they can apply to vary it.
 7 **SIR BRIAN LANGSTAFF:** This isn't a question really about
 8 the advantage to the company.
 9 **MR HILL:** Yes.
 10 **SIR BRIAN LANGSTAFF:** It's a question about the reason for
 11 the Licensing Authority giving a licence. Why would
 12 you give a licence to a company for unheat-treated
 13 product if, at the time, the only products which were
 14 supposed to be distributed, at least for Factor VIII
 15 and probably for Factor IX, were those which had been
 16 heat-treated.
 17 **MR HILL:** I don't want to pre-empt the evidence that may
 18 be given later --
 19 **SIR BRIAN LANGSTAFF:** But, I mean, that's the subject of
 20 inactivation, there may well be some reason for it and
 21 I'm just wondering if you knew it at this point.
 22 **MR HILL:** I don't have any firm evidence. What may have
 23 been in their minds, and we can see it from the
 24 Cunliffe report, is that it's easier for the Licensing
 25 Authority to consider an abridged product licence when

144

(36) Pages 141 - 144

1 the licence is already there, and then you look at the
2 steam-treating method or the dry-heat-treating method
3 and see if it is sufficient to allow the licence to be
4 granted.

5 It might be that it is more efficient, quicker,
6 to do that than to get rid of the licence and start
7 again from scratch. The licences can be dependent
8 upon an undertaking that a product is not actually
9 being sold at that time, so there may be an
10 understanding that that is why. But that is something
11 that we have to look into, sir.

12 There is no evidence that I have seen that any
13 of these untreated products were actually being
14 imported and used in the UK at that time.

15 **SIR BRIAN LANGSTAFF:** No, well, I follow that. It's just
16 rather curious --

17 **MR HILL:** Yes.

18 **SIR BRIAN LANGSTAFF:** -- and I suppose it fits in with the
19 licensing regime because the Licensing Authority can
20 take into account matters other than the three
21 principal ones. I'll wait to hear in due course.

22 **MR HILL:** Yes, there is certainly -- as we've seen, there
23 are one or two eyebrows raised in the correspondence
24 from people within Immuno Ltd, saying that they were
25 surprised that the licence renewal had been approved.

145

1 11 January 2000:
2 "Perhaps we need to begin by defining which
3 products we now regard as being hepatitis C safe.
4 According to recognised international experts
5 (Mannucci and Horowitz), these would have been:
6 "a. Solvent/detergent treated.
7 "b. 80 [degrees Centigrade] dry heated.
8 "c. Pasteurised [at] 60 [degrees Centigrade
9 for] 10h.
10 "d. Vapour heated (Immuno) - final version
11 (TIM 4)."

12 And he cites Horowitz and Mannucci. The two
13 articles are PRSE302445. That's the Horowitz article
14 cited there. And the Mannucci article is
15 DHSC0038508_045.

16 Dr Foster goes on to say:

17 "[Solvent detergent] products did not have
18 marketing approval in the UK prior to 1989 at the
19 earliest.

20 "Pasteurised Factor VIII from Germany was not
21 generally available because of the very low
22 yield/small quantities exported (I have a copy of
23 Behringwerke's export figures for this period which
24 prove the point).

25 "The earlier Immuno vapour heated (TIM 2/TIM 3)

147

1 I won't go through all of the correspondence,
2 sir. There is a similar pattern for Prothromplex as
3 there was for Kryobulin, an increasing acceptance from
4 Immuno Ltd that there wasn't going to be an acceptance
5 of their steam treated methods by the Licensing
6 Authority. And by the early 90s there is an
7 acceptance that they're going to give up these
8 licences. And as we've heard, and I've cited the
9 references before, the licences for both Prothromplex
10 and Kryobulin were cancelled on 14 April 1992.

11 One point which is perhaps worth making at this
12 stage is that although a licence wasn't granted for
13 the TIM 4 steam vapour heated product, there is some
14 evidence that it subsequently came to be considered by
15 some, at least, as one of the more effective
16 heat-treating methods at that time. We have an email
17 from Dr Peter Foster, who has given evidence both to
18 Lindsay and to Penrose. He was sometime Head of
19 Research and Development at the PFC in Edinburgh.

20 If we could have on screen, please, Soumik,
21 MACK0002301_022.

22 In this email Dr Foster is responding to
23 a question that has been asked of him, seemingly about
24 which products were considered to be safer as time
25 went on. What Dr Foster is this, and this is dated

146

1 products did transmit hepatitis -- precisely when the
2 TIM 4 version became available in the UK is unclear
3 (possibly around 1986-87).

4 "Therefore, apart from 8Y [that was a product
5 produced by BPL], the only 'hepatitis-C safe'
6 Factor VIII likely to have been available in [England
7 and Wales] prior to 1989 would have been Immuno's
8 TIM 4 product -- it is difficult to imagine that this
9 would have accounted for all the imported Factor VIII
10 used at this time."

11 Now, I pause there, sir, to make a couple of
12 observations on this, and these are made in no way
13 critically of Dr Foster. But the TIM 4 product that
14 was in the UK, so far as we can tell from the papers,
15 was the Factor IX product, Prothromplex, not the
16 Factor VIII product, Kryobulin. The date from which
17 it is available, and we've seen it from the documents
18 we've looked at, was some time around January 1987,
19 which ties in there with what Dr Foster was saying.

20 The further point that I make about this is that
21 the fact that, in 2000, one can look back and say that
22 this was a hepatitis-safe product does not mean that
23 the Licensing Authority somehow got it wrong at the
24 time; they were working with different data and were
25 responding to the application that they had in front

148

(37) Pages 145 - 148

1 of them.
 2 I will just cite a couple of other articles just
 3 by reference to their URNs. IPSN40156_093, which is
 4 an article from Professor Mannucci and others from
 5 a British Journal of Haematology in 1988, volume 68,
 6 pages 47 to 430. That includes a study of the TIM 3
 7 product, which found that four of the 28 previously
 8 untreated patients in Italy who were given that
 9 product developed hepatitis B.
 10 We've seen the documents, references to the
 11 Licensing Authority being concerned about the
 12 transmission of hepatitis B, and that may be where
 13 those concerns came from. However, the findings of
 14 that study were challenged by Immuno, two references
 15 SHPL40174_002 and SHPL0000106_099. The scientists
 16 including scientists from Immuno questioned the way in
 17 which the Mannucci trial had been conducted, and about
 18 the findings of hepatitis B that were associated with
 19 the TIM 3 product. As of April 1991, Immuno's
 20 position was that the Italian study, Mannucci study
 21 couldn't be said to be "appropriate to document the
 22 virus safety of Kryobulin". So they were contesting
 23 that study and I've already given a reference to
 24 a subsequent study by Professor Mannucci which
 25 primarily concerned the TIM 4 product, but also refers

149

1 on 30 March 1977, SHPL0000086_011. That application
 2 was considered by the Committee on Safety of
 3 Medicines, and a provisional decision was communicated
 4 on 9 August 1977, in which the CSM indicated that they
 5 may be unable to recommend the product be granted
 6 a licence, because the application was:
 7 "... inadequate to judge the product on safety,
 8 quality and efficacy."
 9 That's SHPL0000085_114. So it is not saying
 10 that it wasn't safe, efficacious and of acceptable
 11 quality, but that they had inadequate material to
 12 judge whether it was -- met those criteria.
 13 Immuno met with representatives of the Licensing
 14 Authority in September 1977, and they were told at
 15 that time, or it was hinted at that time, that they
 16 would succeed with an application for a clinical trial
 17 certificate, but they would need to provide more
 18 information if they wanted a full product licence.
 19 That reference is SHPL0000085_111. So the
 20 Licensing Authority also saying that they wanted
 21 convincing trial reports concerning efficacy -- they
 22 need more information if they're going to give
 23 a licence.
 24 Even though FEIBA remained unlicensed, it did --
 25 it was used widely within the UK. If we could have,

151

1 back to his earlier work.
 2 That, sir, is all I say about Prothromplex.
 3 I turn now to FEIBA, which is the Factor VIII
 4 Inhibitor Bypassing Fraction, which is what FEIBA
 5 stood for. The reason I couldn't remember what the
 6 "A" stood for was because the "A" doesn't seem to
 7 stand for anything. But it's Factor VIII inhibitor
 8 Bypassing Fraction, so a product that was primarily
 9 intended to assist those who needed Factor VIII that
 10 had developed inhibitors.
 11 **SIR BRIAN LANGSTAFF:** I think it may stand for "agent".
 12 **MR HILL:** It may, yes, sir.
 13 We know from a letter dated 12 August 1975 that
 14 there was notification to doctors of a new product
 15 called Fraction R, and that's an early name for FEIBA.
 16 That's at CBLA0008057. That's the first reference
 17 that we have been able to find to FEIBA in the UK
 18 market, so that's 1975.
 19 A 1976 report on the clinical application of
 20 FEIBA detailed how it had been administered to 52
 21 patients in 17 European haemophilia centres, including
 22 the Manchester Royal Infirmary, that's
 23 SHPL0000086_031. So we can see from that that by 1976
 24 it was certainly being used in trials in the UK.
 25 Immuno applied for a product licence for FEIBA

150

1 please, Soumik, OXUH0000212_002, the annual returns
 2 for 1978, which we've seen before. If we could go on,
 3 please, to page 3. There we can see 1.928 million
 4 units of FEIBA in 1978, an unlicensed product.
 5 SHPL0000085_095, please, Soumik.
 6 This is a fax dated 18 June 1980, sent from
 7 Mr Berry of Immuno Ltd to Immuno AG, and it says this:
 8 "in view of the long discussion I have had with
 9 our medical advisor, and due to the fact that
 10 professor bloom has written to us as follows ..."
 11 It says:
 12 "... I am completely revising my treatment
 13 schedules for our patients with inhibitors and in the
 14 immediate future our first line of attack for high
 15 responders will be with feiba. at least this is the
 16 only material that has given us significant controlled
 17 clinical trial."
 18 What Mr Berry says in light of that is, and
 19 I quote:
 20 "I intend applying for a product licence for
 21 feiba."
 22 So he's going to apply for that licence, the
 23 date is June 1980. The application wasn't made until
 24 September 1981, the reference for that is
 25 SHPL0000091_005.

152

(38) Pages 149 - 152

1 A further reference is at SHPL0000209, which is
 2 to -- part 4 of the application which summarises
 3 clinical data and includes a note that:
 4 "In nine cases the transmission of hepatitis, as
 5 a result of the FEIBA treatment, could not be
 6 excluded."
 7 The Committee on Safety of Medicines considered
 8 the application in February 1982. The assessment
 9 prepared by the Subcommittee on Biologicals noted that
 10 the product had been available on a named patient
 11 basis for six years, and said this:
 12 "Nearly 1 million units were used in the NHS in
 13 the last complete year for which records are available
 14 and the total use over the last six years is
 15 14.5 million units."
 16 That's DHSC0105547_002.
 17 The same assessment which was prepared for the
 18 Subcommittee on Biologicals gave the view that there
 19 was evidence of efficacy of FEIBA, but while it was
 20 quite extensive it was largely anecdotal and
 21 uncontrolled, meaning no controlled experiment was run
 22 alongside the trial that was being done.
 23 "The CSM main committee advised that they were
 24 unable to recommend that a product licence be granted
 25 on grounds related to quality and efficacy. In

153

1 particular they noted that adequate evidence of
 2 efficacy in relation to several claims should be
 3 provided in addition to complete data of the
 4 manufacturing process and on product labelling."
 5 That is DHSC0105547_002.
 6 Immuno were informed of the CSM's decision by
 7 letter of 19 March 1982, SHPL0000093_018.
 8 On 26 October 1982, Immuno wrote to the CSM
 9 providing additional information, and that included
 10 the fact that the United States had issued a product
 11 licence for FEIBA, and that had been done on
 12 24 September 1982, and we can see from the other
 13 documents I've cited that the product by this time was
 14 also licensed in Brazil, Denmark, West Germany,
 15 Switzerland and Austria.
 16 The same letter, of 26 October 1982, said that
 17 Immuno weren't going to advise the use of FEIBA for
 18 patients with Factor IX and IX A inhibitors anymore,
 19 just Factor VIII. That's SHPL0000104_037.
 20 Further written representations were made to the
 21 DHSS on 1 June 1983, SHPL0000093_009, and that
 22 included a copy of a data sheet that warned that:
 23 "Despite precautions taken in the selection of
 24 donors and the testing of donations, it is impossible
 25 to exclude transmission of viral hepatitis."

154

1 The further submissions were considered by the
 2 Committee on Safety of Medicines on 21 July 1983, and
 3 their conclusion was that it was still unable to
 4 advise that a licence be granted on the grounds of
 5 efficacy and quality. That was communicated to Immuno
 6 on 5 September 1983. SHPL0000104_026.
 7 If we could have on screen, please, Soumik,
 8 SHPL0000085_037.
 9 This is a letter from Mr Berry to Immuno AG,
 10 informing them of the rejection of the licence. The
 11 first two paragraphs of that letter it says:
 12 "We have now been informed that the Committee of
 13 Safety of Medicines are unable, on the grounds of
 14 efficacy and quality, to recommend the Licensing
 15 Authority to issue a Product Licence for FEIBA.
 16 "You will notice that they have not included,
 17 'on grounds of safety', so we will not be prevented
 18 from continuing to sell on a doctor/named patient
 19 basis."
 20 That is dated 27 September 1983. I pause there
 21 to note, sir, that other licences, notably for
 22 Prothromplex, were rejected on the grounds of safety
 23 and, from the documents we have seen, I've seen no
 24 suggestion that they ceased to be sold on
 25 a named patient basis because of that.

155

1 **SIR BRIAN LANGSTAFF:** Is there anything in the Act which
 2 would lead to that conclusion?
 3 **MR HILL:** Not as far as I'm aware.
 4 **SIR BRIAN LANGSTAFF:** So the only barrier might be,
 5 assuming there is no other statute that might preclude
 6 the sale, might be the duty of a doctor to take
 7 reasonable care for his patient -- the law of
 8 negligence, in effect -- and if something is not
 9 known -- or ought to be known as not reasonably safe,
 10 not using it.
 11 **MR HILL:** Yes. But the other option that was available to
 12 the Licensing Authority, as we saw from the way that
 13 the named patient secondary legislation developed, was
 14 that by 1984, or 1985, that there was a process by
 15 which the Licensing Authority had a period, I forget
 16 now if it was 28 or 35 days, but they had a period in
 17 which they could say that they were not prepared to
 18 allow --
 19 **SIR BRIAN LANGSTAFF:** Yes.
 20 **MR HILL:** -- the --
 21 **SIR BRIAN LANGSTAFF:** But this pre-dates that, doesn't it?
 22 **MR HILL:** This is September 1983. Yes, it does. But that
 23 would have been governed by the previous order, which
 24 meant that they at least -- the Licensing Authority
 25 had to be notified, and they could have taken action

156

(39) Pages 153 - 156

1 thereafter when they were notified.
 2 **SIR BRIAN LANGSTAFF:** Under what head?
 3 **MR HILL:** I --
 4 **SIR BRIAN LANGSTAFF:** You can come back to me on that.
 5 **MR HILL:** I will come back to you on that, but I --
 6 I think it may have involved the use of stop orders,
 7 but we will come back on that.
 8 On 29 October 1984, so stepping forward a year,
 9 Mr Berry informed the Medicines Commission that he
 10 intended to make representations and have a hearing
 11 about the FEIBA application, SHPL0000104_017. So this
 12 is the appeals process that the Act allowed for.
 13 As part of the -- sorry, I've written down
 14 29 October 1984, I suspect that actually should be
 15 29 October 1983.
 16 Soumik, can we have SHPL0000104_017, please?
 17 Sir, this is the -- the letter is from
 18 29 October 1984. This refers to the point at which
 19 Immuno had, as it were, got their ducks in a row in
 20 order to make the application to the Medicines
 21 Commission, because earlier correspondence, from
 22 earlier on in the year, shows that among the work that
 23 they did is they enlisted Dr Preston to act as a party
 24 to present the case to the Medicines Commission, and
 25 they also involved a number of Haemophilia Centre

157

1 place on 21 June 1985. By then, FEIBA had been
 2 available on a named patient basis for nine years.
 3 There is a pharmaceutical examiner's report at
 4 SHPL0000078_010, and a medical assessment, which I'll
 5 ask for Soumik to put on the screen, please, it's
 6 SHPL0000078_011. This, if we could go down to,
 7 please, paragraph 7.1. I don't have the page number,
 8 so scroll through. One up, please.
 9 So this was prepared by a Dr P Adams, and among
 10 the things that is said about heat-treated -- the heat
 11 treatment is the efficacy of the heat treatment is
 12 only demonstrated in relation to the virus ATC C VR 68
 13 at 60 degrees Centigrade for 10 hours it would be
 14 normal practice to demonstrate the heat treatment
 15 method effective against a wider ... (reading to the
 16 words) ... company does not claim total viral
 17 sterility but says "despite the measures taken to
 18 reduce the risk the transmission of viral hepatitis or
 19 other viral infections cannot be ruled out."
 20 I we could go to the next page, please:
 21 "Despite this caution it is currently thought if
 22 the method of heat treatment is performed as stated in
 23 this document there is little risk of the AIDS
 24 implicated virus being transmitted through the
 25 administration of the product."

159

1 Directors in a trial for FEIBA, which seems to have
 2 been a retrospective trial to show how the product had
 3 operated. All of this was presented as evidence to
 4 the Medicines Commission in order to try to get the
 5 licence. The references are SHPL0000101_045, _046,
 6 _024, and SHPL0000078_030.
 7 Sir, while efforts are being made for the
 8 non-heat-treated FEIBA application, there was also,
 9 going along in parallel, efforts to introduce
 10 a heat-treated version of the product in 1984, and it
 11 was the method for heat treatment, dry heat treatment,
 12 10 hours at 80 degrees, that was settled upon. That's
 13 SHPL0000068_074. So those two processes going along in
 14 parallel.
 15 By April 1985, Immuno Ltd were selling, and
 16 I quote: "... substantial [quantities]" of
 17 heat-treated FEIBA, and they wanted "further evidence
 18 that anti-viral treatment does not cause
 19 thrombogenicity."
 20 That is the document we looked at earlier in
 21 respect of Prothromplex. The reference is
 22 SHPL0000048_024.
 23 So substantial quantities of the heat-treated
 24 product being sold.
 25 The hearing before the Medicines Commission took

158

1 In the same report, Dr Adams notes that there is
 2 a lack of control data in respect of efficacy, but
 3 says that there seems to be a general professional
 4 confidence in the product.
 5 On 22 August 1985, DHSS informed Immuno that the
 6 commission agreed to advise the Licensing Authority
 7 that a product licence be granted. That is
 8 SHPL0000104_010. That licence was granted on
 9 17 October 1985, SHPL0000109_049.
 10 It's clear from the papers that that licence is
 11 for the dry-heated FEIBA. During the time that the
 12 licensing process has unfulfilled, as we know, Immuno
 13 have moved towards steam or vapour-treated products
 14 and so, as with the other products, there then follows
 15 a process of seeking an amendment to the licence to
 16 change it too steam-treated product. We can see that
 17 at SHPL0000050_011.
 18 There was discussion at around this time,
 19 October 1985, about whether or not to apply
 20 straightaway for an amendment or whether to wait for
 21 a period of time, given that the product has only just
 22 been licensed for dry-heated heat treatment and the
 23 latter view was one that was expressed by Immuno Ltd.
 24 That's SHPL0000067_030.
 25 By July 1986, it appears that Immuno Ltd had

160

(40) Pages 157 - 160

1 either applied for a variation to allow for vapour or
 2 steam treatment, or had intimated to the Licensing
 3 Authority that they were going to do so. The
 4 reference is SHPL0000102_142. It was in respect of
 5 that if that the Committee on Safety of Medicines sent
 6 a letter expressing concerns about the product, and
 7 included the fact that they considered steam treatment
 8 to be, as they put it, a misnomer and unacceptable.
 9 Again, we'll come back to that.

10 Immuno wrote to doctors on 21 July 1986
 11 informing that, henceforth, they would only be
 12 supplying FEIBA steam-treated, as Immuno AG were no
 13 longer able to produce the dry-heated product for the
 14 UK. If we could have that up, please, Soumik,
 15 SBTS0000330_115.

16 I'll remind you again, sir, of the prohibitions
 17 on advertising and making representations about
 18 an licensed product. 21 July 1986:

19 "Dear Doctor

20 "We wrote to you in January this year informing
 21 you that FEIBA heat treated was licensed for sale in
 22 the United Kingdom. This product is heat-treated by
 23 a dry heat method for 10 hours at 80 degrees
 24 [Celsius].

25 "Our company in Austria has now developed

161

1 the Licensing Authority and they discussed the
 2 Kryobulin Prothromplex and FEIBA licence applications.
 3 We've looked at the documents about that meeting. I
 4 won't take you back to them. The reference is
 5 MHRA0033319_040. Immuno withdrew the FEIBA and
 6 Prothromplex variation applications on 8 September
 7 1987, that's SHPL0000106_220.

8 So far as we can tell, Immuno submitted no
 9 further documents to the DHSS in relation to FEIBA
 10 vapour heated during 1988 and 1989. There were
 11 letters at this time going between Immuno Ltd and
 12 Immuno AG expressing concern about the licensing
 13 situation, and we referred to those earlier. Immuno
 14 Ltd saying, "We need to sort out licences in the UK if
 15 we're going to be able to continue selling our
 16 products here".

17 In July 1990, Immuno submitted two applications.
 18 One was to -- or two sets of applications. One was to
 19 vary the FEIBA product licence to change it to vapour
 20 heating and the other was to renew the existing
 21 dry-heated FEIBA product licence, even though that
 22 product was not being sold in the United Kingdom at
 23 that time. The references are SHPL0000106_098 and
 24 SHPL0000311_055.

25 A further reference, SHPL0000102_119. In the

163

1 product specific steam treatments and their policy is
 2 to change over to steam treatment in all countries.
 3 They are no longer able to produce the dry heated
 4 product for the UK as all other countries have already
 5 changed over to steam treatment, including the USA
 6 where the product is known as Feiba vapour heated and
 7 was licensed in March 1986. The product specific
 8 steam treatment for Feiba is 10 hours at 60 degrees
 9 [Celsius] at an excess pressure of 190 [millibars] and
 10 a further treatment for 1 hour at 80 degrees [Celsius]
 11 at an excess pressure of 375 [millibars].

12 "From today's date we shall only be supplying
 13 Feiba steam treated. This can only be issued on a
 14 doctor/patient basis until we have amended our current
 15 Product Licence. The price for Feiba steam treated
 16 will be maintained at 30 [pence] per unit.

17 "We have applied for a variation to our Product
 18 Licence and we will inform you as soon as this has been
 19 approved."

20 That was sent by Peter Coombes, at that time the
 21 managing director.

22 The application for an amended licence for FEIBA
 23 vapour heated was submitted at the end of November
 24 1986. That's SHPL0000094_004.

25 On 12 August 1987, Immuno met with members of

162

1 application it was said that:

2 "It cannot be precluded with certainty that both
 3 known or unknown viruses which may occur in plasma are
 4 transmitted through factor concentrates."

5 But it also added that:

6 "Clinical safety studies have shown no cases of
 7 hepatitis B, NANB or HIV transmission in the product."

8 The CSM considered Immuno's variation
 9 application in June 1991 and concluded, again, that
 10 they were unable to advise the grant of the variation,
 11 this time on grounds of safety and quality. The
 12 reference is MHRA0034575_059.

13 They provided several reasons, including that
 14 the rationale for the second vapour-heating step,
 15 which is one hour at 80 degrees, hadn't been provided.
 16 That comparative viral inactivation data had not been
 17 presented for the dry-heat process and that each
 18 plasma donation had not been tested for HIV 2
 19 antibodies. Immuno were informed of the decision on
 20 19 July 1991, SHPL0000268_045.

21 Further correspondence took place between Immuno
 22 AG and Immuno Ltd, SHPL0000106_094, and there was
 23 a meeting on 8 October 1991 between Immuno, the
 24 Medicines Control Agency, SHPL0000106_080. It is fair
 25 to say that Immuno and Immuno -- Immuno AG and Immuno

164

(41) Pages 161 - 164

1 Ltd were both more optimistic about the prospects of
2 getting a revised licence for FEIBA and continued to
3 seek to do so at a time when they had pretty much
4 given up on Kryobulin and Prothromplex.

5 That is shown by the setting up of the task
6 force to try to obtain the licence in December 1991.
7 That's SHPL0000106_073.

8 The new application was submitted on 26 March
9 1992, SHPL0000266_041, and also in 1992 there was an
10 application to renew the licence under an EU
11 legislation as well, MHRA0029398. The Subcommittee on
12 Biologicals assessed Immuno's March 1992 submissions
13 in April 1993 and recommended that the variation
14 application be approved. The reference is
15 MHRA0027402.

16 The Subcommittee remarks included that:
17 "From the evidence presented it cannot be
18 presumed that the lyophilisation process will
19 consistently contribute to the removal of
20 contaminating viruses."

21 That's a technical point which may be of
22 relevance later, sir.

23 The Medicines Control Agency informed Immuno on
24 4 May 1993 that the application had been approved,
25 that's SHPL0000266_039, and the variation to the

165

1 Licence that they're now meant to be steam treated was
2 granted on 10 June 1993. SHPL0000109_001.

3 From our analysis of that chronology, it follows
4 that between the introduction of FEIBA in the
5 mid-1970s to the UK market and the granting of the
6 variation licence in June 1993, the only time at which
7 variants of FEIBA were provided for use in the UK
8 under a contemporary licence was a 10-month period
9 between October 1985, the date of the first licence
10 and July 1986, the point at which dry heated FEIBA
11 ceased to be provided. For the rest of this period,
12 approximately 18 years, FEIBA variants were supplied
13 on a named patient basis.

14 We do note, however, that the licences were
15 granted in 1985 and 1993 for products which had been
16 previously supplied on a named patient basis.

17 That, sir, concludes what I have to say about
18 FEIBA, and about the licensing process in respect of
19 the Immuno products.

20 I appreciate it has been something of a slog
21 today. The next step in the presentation will be to
22 talk about the way in which risk was communicated in
23 the labels in the leaflets of the various products
24 including the way that the distinction between
25 European Kryobulin and American Kryobulin, if it can

166

1 Be put in those terms, was expressed.
2 I'm conscious of the time, sir, and I'm in your
3 hands.
4 **SIR BRIAN LANGSTAFF:** Very well. Thank you very much. 10
5 o'clock tomorrow. 10 o'clock.
6 **(4.33 pm)**
7 **(The hearing was adjourned until 10 am on Friday,**
8 **24 September 2021)**
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19
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21
22
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167

1		
2		
3	INDEX	
4	Presentation by Counsel to the 1	
5	Inquiry on the Pharmaceutical	
6	Companies	
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

168

(42) Pages 165 - 168

MR HILL: [112] 1/6 9/4 9/9 9/23 10/5 10/7 21/7 21/15 21/17 21/20 24/11 24/13 24/21 25/18 26/1 26/12 26/17 26/23 29/5 37/13 38/4 38/6 38/8 48/11 48/15 60/3 60/7 60/11 60/16 60/19 60/21 62/14 67/8 67/12 67/19 71/4 71/9 71/16 73/13 73/19 74/1 74/5 77/11 77/16 78/5 78/9 81/7 83/8 83/11 83/13 83/21 84/19 84/21 85/1 86/8 86/16 86/22 86/24 87/1 87/5 87/9 87/13 87/19 88/6 88/9 88/11 88/13 92/7 96/14 96/19 98/18 98/23 99/12 99/15 99/19 100/4 101/13 101/19 101/24 102/2 102/4 102/7 103/2 103/7 103/9 103/13 103/18 109/24 115/18 116/8 116/13 116/20 116/22 130/6 130/12 137/13 137/24 138/1 143/21 144/2 144/9 144/17 144/22 145/17 145/22 150/12 156/3 156/11 156/20 156/22 157/3 157/5 SIR BRIAN LANGSTAFF: [112] 1/5 9/2 9/5 9/21 10/2 10/6 21/6 21/11 21/16 21/18 24/3 24/12 24/20 25/15 25/21 26/10 26/13 26/22 29/4 37/12 38/2 38/5 38/7 48/9 60/1 60/4 60/9 60/14 60/18 60/20 62/12 67/6 67/11 67/15 71/1 71/5 71/15 73/7 73/17 73/24 74/3 77/8 77/13 78/3 78/6 81/6 83/4 83/9 83/12 83/16 84/18 84/20 84/24 86/5 86/9 86/17 86/23 86/25 87/4 87/6 87/12 87/18 88/2 88/7 88/10 88/12 92/5 96/9 96/18 98/17 98/20 99/5 99/14 99/18 100/3 101/4 101/15 101/23 101/25 102/3 102/5	103/1 103/6 103/8 103/10 103/16 109/23 115/12 116/1 116/9 116/17 116/21 130/4 130/7 137/4 137/21 137/25 143/16 143/22 144/7 144/10 144/19 145/15 145/18 150/11 156/1 156/4 156/19 156/21 157/2 157/4 167/4 '70s [1] 58/24 '73 [3] 73/9 73/18 74/4 '78 [1] 88/3 '80s [3] 55/25 58/24 143/19 '84 [2] 135/6 143/19 '84 and [1] 143/19 '85 [1] 143/19 '85 and [1] 143/19 '89 [3] 143/19 143/19 143/20 'Abridged' [1] 41/2 'Epidemic' [1] 95/7 'full [1] 32/15 'hepatitis [1] 148/5 'hepatitis-C [1] 148/5 'in [1] 109/18 'Licensing [1] 3/9 'marketing [1] 7/4 'New [1] 40/25 'nit [1] 45/20 'nit-picking' [1] 45/20 'on [1] 155/17 'product [1] 2/23 'Section [1] 3/6 'Section 4 [1] 3/6 'steam [1] 118/24 'the [3] 3/10 3/11 39/25 'To [1] 39/7 'wide [1] 4/14 0 0.2 [1] 30/10 0.8 million [1] 134/7 0.9 million [1] 96/5 0003 [2] 79/23 91/21 001 [6] 115/11 124/8 127/2 127/12 129/16 166/2 002 [10] 62/19 72/21 89/16 124/9 133/3 133/4 149/15 152/1 153/16 154/5 003 [1] 61/21 004 [2] 132/2 162/24 005 [5] 87/21 94/7 126/13 129/17 152/25 006 [2] 120/20 129/16	008 [1] 119/3 009 [3] 65/23 143/3 154/21 01 [1] 141/7 010 [2] 159/4 160/8 011 [6] 108/5 115/7 115/14 151/1 159/6 160/17 013 [1] 114/22 014 [1] 74/16 017 [3] 120/11 157/11 157/16 018 [1] 154/7 019 [2] 130/25 132/1 020 [2] 108/5 135/3 021 [2] 108/4 123/17 0215/0003 [1] 91/21 022 [2] 135/4 146/21 024 [4] 76/3 140/18 158/6 158/22 025 [2] 74/18 140/14 026 [4] 94/11 111/10 135/9 155/6 028 [2] 106/5 118/16 029 [1] 139/10 030 [2] 158/6 160/24 031 [1] 150/23 033 [1] 142/19 037 [2] 154/19 155/8 039 [2] 143/6 165/25 040 [4] 118/8 123/15 133/22 163/5 041 [1] 165/9 044 [3] 76/3 119/1 121/20 045 [3] 147/15 158/5 164/20 046 [1] 158/5 048 [1] 72/15 049 [1] 160/9 054 [1] 136/6 055 [3] 94/14 133/25 163/24 057 [2] 69/13 85/24 058 [2] 85/14 127/19 059 [2] 85/6 164/12 060 [2] 68/13 143/15 061 [1] 74/7 066 [1] 108/4 069 [2] 84/2 132/10 070 [2] 103/20 135/4 072 [2] 88/19 88/21 073 [2] 84/17 165/7 074 [1] 158/13 076 [2] 79/8 90/23 077 [2] 84/10 90/23 078 [2] 130/15 131/24 080 [2] 128/17 164/24 083 [1] 81/10 085 [2] 79/20 102/10 086 [1] 126/12 092 [1] 130/22	093 [1] 149/3 094 [2] 127/24 164/22 095 [1] 152/5 097 [2] 79/5 124/21 098 [2] 91/16 163/23 099 [2] 79/5 149/15 1 1 December 1972 [1] 65/20 1 February 1977 [1] 84/11 1 June 1983 [1] 154/21 1 million [3] 42/22 93/2 153/12 1 November 1973 [1] 75/7 1 October 1976 [1] 33/15 1,000 [2] 68/18 71/14 1,000 donors [1] 68/15 1.08 pm [1] 96/11 1.2 million [1] 78/22 1.5 million [1] 134/20 1.928 million [2] 133/16 152/3 10 [10] 5/13 34/24 38/21 64/21 161/23 162/8 166/2 167/4 167/5 167/7 10 December 1973 [1] 132/2 10 hours [14] 104/11 104/12 104/16 104/21 104/25 107/17 109/10 110/5 120/13 122/24 134/25 142/13 158/12 159/13 10 October 1975 [1] 78/25 10 years [1] 18/1 10-month [1] 166/8 10.00 [1] 1/2 10.5 million [1] 78/21 10.5p [1] 113/6 100 [2] 59/23 63/22 100,000 [1] 78/1 102 [1] 138/3 10h [1] 147/9 11 [7] 5/22 39/18 40/13 65/2 97/1 103/9 140/19 11 January 2000 [1] 147/1 11 July 1986 [1] 119/2 11 March 1985 [3] 114/8 138/5 139/8 11 November 1976 [1] 81/2	11 years [1] 138/15 11.10 [1] 48/12 11.45 [2] 48/10 48/14 110 [1] 94/10 111 [1] 151/19 114 [1] 151/9 115 [1] 161/15 118 [1] 76/10 119 [1] 163/25 12 [8] 6/9 37/10 37/14 65/9 122/4 123/11 150/13 162/25 12 March 1985 [1] 139/9 12 million [1] 139/18 12 months [1] 76/22 12,000 [1] 133/11 124 [1] 34/18 12p [1] 113/4 13 [6] 6/21 17/3 37/19 43/8 65/14 72/15 13 July 1983 [2] 30/21 37/6 13 September 1985 [1] 142/7 136 [1] 123/15 14 [4] 8/1 65/4 94/19 146/10 14 April 1992 [1] 129/20 14 August 1973 [1] 131/24 14 May 1984 [1] 18/11 14 October 1975 [1] 79/1 14.5 million [1] 153/15 142 [2] 131/6 161/4 1461 [1] 17/12 14p [2] 113/3 114/3 15 [1] 128/7 151 [1] 123/6 158 [1] 123/6 15p [1] 114/4 16 February 1978 [2] 85/7 88/1 16 May 1984 [1] 18/12 16 September 1987 [1] 123/17 163 [1] 69/9 165 [2] 40/4 126/14 17 [2] 131/8 150/21 17 August 1978 [1] 133/19 17 October 1985 [1] 160/9 170 [1] 74/6 172 [1] 74/6 18 [5] 34/23 68/15 107/13 152/6 166/12 181 [2] 59/14 66/4 185 [1] 59/18	18th [1] 108/21 19 [10] 11/11 11/15 11/22 12/1 12/15 13/22 96/24 97/1 97/3 164/20 19 March 1982 [1] 154/7 190 [1] 162/9 1960 [1] 55/6 1965 [2] 6/24 59/11 1968 [15] 2/21 4/12 11/4 16/10 22/12 26/25 27/8 38/25 46/19 60/17 63/17 73/2 91/3 96/17 96/22 1968 Act [1] 17/8 1969 [1] 59/13 1970 [3] 59/17 59/21 61/2 1970s [4] 1/12 48/24 54/25 166/5 1971 [2] 60/9 61/5 1972 [9] 55/11 61/11 61/22 62/5 62/16 62/21 65/20 65/21 130/15 1973 [15] 68/11 69/8 72/2 72/7 72/13 73/14 73/22 73/23 74/14 74/19 75/7 131/4 131/8 131/24 132/2 1974 [2] 27/5 27/22 1975 [11] 6/11 7/16 14/22 78/25 79/1 79/4 83/19 132/15 132/19 150/13 150/18 1976 [20] 30/13 33/15 41/25 55/13 76/12 76/16 76/22 79/7 79/9 81/2 81/19 83/1 83/12 83/13 83/24 88/22 89/14 103/9 150/19 150/23 1977 [9] 84/5 84/11 85/4 89/17 90/10 90/22 151/1 151/4 151/14 1978 [22] 17/9 17/12 18/1 22/15 22/23 25/1 30/16 53/2 85/7 85/20 86/24 87/20 88/1 90/25 91/1 91/7 91/8 91/10 133/5 133/19 152/2 152/4 1978-1461 [1] 17/12 1979 [1] 100/9 1980 [9] 14/22 14/23 15/1 91/17 92/1 92/10 94/2 152/6 152/23 1980s [4] 1/12 48/24 54/25 117/25 1981 [9] 28/5 28/7
---	--	--	--	---	--

(43) MR HILL: - 1981

F:

1 1981... [7] 28/13 30/19 94/4 133/19 133/23 134/16 152/24 1982 [5] 153/8 154/7 154/8 154/12 154/16 1983 [15] 30/21 37/6 94/9 94/9 94/14 94/17 96/7 134/5 134/21 154/21 155/2 155/6 155/20 156/22 157/15 1984 [29] 18/4 18/6 18/11 18/12 18/13 25/12 29/3 34/13 34/21 55/21 103/22 104/8 106/6 107/2 107/8 108/2 108/22 117/13 117/14 134/23 136/8 141/13 141/15 142/4 156/14 157/8 157/14 157/18 158/10 1985 [30] 30/13 30/15 34/14 105/20 107/13 107/24 108/2 108/8 111/10 114/8 114/14 117/15 117/18 135/8 138/5 139/8 139/9 140/8 140/15 140/19 141/16 142/7 156/14 158/15 159/1 160/5 160/9 160/19 166/9 166/15 1985-96 [1] 3/19 1986 [19] 30/17 30/19 117/18 117/20 118/7 118/19 119/2 119/18 119/21 120/5 141/20 141/21 142/19 160/25 161/10 161/18 162/7 162/24 166/10 1986-87 [1] 148/3 1987 [16] 8/3 38/20 38/25 41/25 43/14 47/2 121/18 122/18 123/11 123/17 141/24 142/12 142/20 148/18 162/25 163/7 1988 [6] 2/7 124/2 124/21 126/13 149/5 163/10 1989 [11] 2/7 4/4 8/14 116/24 117/8 117/21 141/25 142/23 147/18 148/7 163/10 1990 [4] 126/25 127/4 143/5 163/17 1990s [1] 54/21 1991 [9] 127/6 127/15 127/16 127/24 149/19 164/9 164/20 164/23 165/6	1992 [7] 30/15 129/8 129/20 146/10 165/9 165/9 165/12 1993 [5] 165/13 165/24 166/2 166/6 166/15 2 2.05 [2] 96/10 96/10 2.05 pm [1] 96/13 2.11 [1] 31/17 2.15 [1] 33/11 2.2 [2] 39/16 39/20 2.20 [2] 33/9 33/25 2.6 [1] 43/4 2.7 [1] 30/25 2.9 [1] 31/3 20 [4] 12/8 13/14 98/24 121/11 20 April 1977 [1] 89/17 20 December 1972 [1] 130/15 20 December 1989 [1] 116/24 20 July 1987 [1] 122/18 20 years [1] 39/1 200 [2] 104/17 104/19 200 mbar [1] 104/25 2000 [2] 147/1 148/21 2005 [1] 52/19 2021 [3] 1/1 30/2 167/8 20p [1] 114/4 20th [1] 62/4 21 [1] 161/18 21 days [1] 17/15 21 December 1976 [1] 76/12 21 December 1984 [1] 136/8 21 February 1989 [1] 142/23 21 July 1983 [1] 155/2 21 July 1986 [1] 161/10 21 June 1973 [1] 73/22 21 June 1985 [1] 159/1 22 [6] 12/8 61/22 73/14 90/25 91/8 160/5 22 March '73 [2] 73/18 74/4 22 March 1973 [1] 73/23 220 [3] 119/10 142/21 163/7 23 [2] 1/1 90/22	23 December 1986 [2] 119/18 142/19 23 January [1] 107/22 238,123 [1] 78/16 24 [7] 14/11 14/19 40/5 96/21 96/22 126/25 127/4 24 November 1976 [1] 81/19 24 November 1984 [1] 103/22 24 September [1] 167/8 24 September 1982 [1] 154/12 25 [7] 20/24 20/25 21/8 21/10 66/10 88/22 130/8 25 June 2021 [1] 30/2 250 [2] 59/23 63/22 250 mbar [1] 104/24 26 [3] 6/24 84/5 165/8 26 November 1984 [1] 106/6 26 October 1982 [2] 154/8 154/16 27 [3] 55/11 90/24 91/7 27 June 1991 [1] 127/15 27 September 1983 [1] 155/20 27 September 1988 [1] 126/13 271,902 [1] 77/3 27th [1] 108/22 28 [8] 15/14 15/18 15/20 16/1 91/10 134/5 149/7 156/16 28 days [2] 24/14 24/16 28 March 1978 [1] 87/20 29 [1] 67/20 29 November 1976 [1] 83/24 29 October 1983 [1] 157/15 29 October 1984 [3] 157/8 157/14 157/18 298 [1] 27/5 3 3 months [1] 21/1 3 November 1976 [1] 76/16 3.01 pm [1] 130/9 3.1 [1] 43/15 3.2 [1] 44/14 3.2.1 [1] 44/16 3.20 [1] 130/5 3.25 [1] 130/7	3.25 pm [1] 130/11 3.4 [1] 46/10 3.52 [1] 37/9 3.53 [1] 37/4 30 [4] 15/14 69/24 70/9 162/16 30 April 1991 [1] 127/6 30 hours [1] 123/2 30 March 1977 [1] 151/1 30,000 [1] 132/25 300 [2] 11/7 40/3 31 [7] 26/25 27/12 27/14 27/17 27/17 69/24 70/9 31 December 1976 [1] 55/13 31 July 1991 [1] 127/24 31 October 1976 [1] 76/22 35 [3] 2/16 26/25 28/17 35 days [1] 156/16 375 [1] 162/11 38,308 [1] 78/19 383,624 [1] 78/19 39 [2] 27/1 59/14 4 4 January 1973 [2] 69/8 72/2 4 May [1] 165/24 4 months [1] 121/13 4,098,815 [1] 78/17 4.1 million [1] 96/6 4.33 [1] 167/6 40-plus [1] 52/23 403,600 [1] 132/24 42-50 million [1] 95/5 424,585 [1] 92/25 430 [1] 149/6 44 [1] 37/4 47 [1] 149/6 491,041 [1] 78/17 5 5 March 1986 [1] 118/7 5 million [2] 75/25 76/5 5 September 1983 [1] 155/6 5,231,146 [1] 78/13 50 [1] 42/23 50,000 [1] 77/25 500 [5] 59/23 60/2 60/13 61/6 63/22 52 [1] 150/20 520,887 [1] 93/16 54 [1] 40/10	594,814 [1] 93/1 597,761 [1] 93/12 6 6 June 1984 [1] 18/13 6 months [1] 113/17 60 [10] 104/11 104/12 104/17 104/21 104/25 109/11 109/12 110/5 147/8 162/8 60 degrees [6] 107/17 120/13 122/24 123/2 142/13 159/13 627,738 [1] 78/15 63,809 [1] 93/11 65 [1] 68/15 65/65/EEC [2] 6/23 7/10 68 [5] 109/9 109/15 110/3 149/5 159/12 7 7 February 1985 [2] 107/24 108/2 7.1 [1] 159/7 71,785 [1] 77/4 72 [1] 109/12 72 hours [3] 109/8 110/4 122/23 8 8 December 1972 [1] 65/21 8 January 1985 [1] 108/8 8 September 1983 [1] 94/9 8 September 1987 [1] 142/20 80 [8] 104/16 104/24 117/4 141/7 147/7 161/23 162/10 164/15 80 degrees [4] 122/23 135/1 142/13 158/12 82 [1] 96/7 85 [1] 16/6 865,680 [1] 78/12 87 [1] 148/3 897,308 [1] 77/4 8Y [1] 148/4 9 9 August 1977 [1] 151/4 90s [1] 146/6 91 [1] 16/6 96 [1] 3/19 97 [1] 40/4 : :flaccid [1] 45/13 :undue [1] 45/11	A Abbott [3] 48/25 77/10 78/18 ability [1] 85/12 able [13] 21/21 49/19 49/20 50/2 50/6 53/7 53/9 119/15 128/3 150/17 161/13 162/3 163/15 about [111] 1/21 2/18 11/3 19/17 22/12 22/22 22/24 25/3 25/20 26/2 29/18 29/20 31/4 31/13 33/12 34/2 38/11 43/12 43/14 43/22 45/9 45/11 46/11 47/16 48/18 48/19 49/19 49/20 49/20 49/23 49/24 50/1 50/3 50/9 53/8 54/2 58/19 60/9 63/9 64/2 66/17 66/17 69/21 70/1 70/3 70/11 71/19 71/21 77/21 79/14 82/2 83/21 84/6 85/5 85/17 88/2 88/9 89/14 89/19 91/2 92/8 95/5 95/11 95/12 96/15 97/20 98/15 98/25 99/24 101/2 101/18 106/8 110/10 111/6 112/7 112/21 112/22 114/15 115/13 115/14 116/14 118/22 121/1 122/15 126/20 128/18 130/1 135/11 138/23 138/25 140/13 141/17 143/17 144/7 144/10 146/23 148/20 149/11 149/17 150/2 157/11 159/10 160/19 161/6 161/17 163/3 163/12 165/1 166/17 166/18 166/22 above [5] 35/23 71/19 93/15 95/4 121/9 abridged [8] 41/7 41/14 41/19 106/21 123/13 124/6 126/24 144/25 abroad [1] 59/13 absence [2] 66/24 131/13 absolute [1] 70/3 accept [1] 82/20 acceptable [4] 32/23 69/25 128/2 151/10 acceptance [5] 129/11 129/13 146/3 146/4 146/7 accompanied [3]
--	--	--	--	---	---

(44) 1981... - accompanied

F:

A	126/21 164/5	83/18 87/22 89/17	54/10 54/19 55/5 56/2	102/22	an exhaustive [1] 53/14
accompanied... [3] 63/19 65/25 124/3	addition [4] 9/20	89/19 93/5 105/20	59/4 59/18 65/24	although [12] 2/25	an indication [1] 55/15
accompanies [1] 66/15	10/18 32/8 154/3	105/23 106/6 116/5	66/22 67/16 67/16	3/15 3/24 4/10 12/24	an inference [1] 26/11
accompany [1] 36/24	additional [6] 7/15	119/9 120/7 126/25	83/22 84/18 90/7	37/23 46/18 86/13	an insight [1] 128/21
accordance [1] 20/22	42/24 46/9 84/7	afternoon [1] 99/22	90/11 92/12 92/23	104/13 134/8 141/25	an instruction [1] 141/4
according [4] 87/9	140/13 154/9	AG [35] 55/6 56/4	93/17 94/2 95/8 95/18	146/12	an introduction [1] 29/20
97/14 102/2 147/4	address [3] 20/14	56/6 56/9 56/12 56/17	106/17 108/24 109/13	always [4] 52/21	an licensed [1] 161/18
account [10] 12/7	23/1 23/4	59/9 66/6 83/3 87/9	109/16 110/6 110/19	55/16 58/20 78/2	an ongoing [1] 29/9
12/22 13/1 13/7 36/19	addresses [1] 33/9	101/20 107/4 107/4	112/9 116/25 122/2	am [11] 1/2 37/10	an opportunity [1] 53/22
86/14 97/21 97/25	adds [1] 122/25	111/13 112/24 114/6	125/8 126/7 129/8	37/14 48/12 48/14	an option [1] 100/1
98/9 145/20	adequate [2] 39/11	114/18 116/23 117/6	139/22 146/1 148/9	71/17 109/20 110/10	an oven [1] 57/24
accountable [1] 4/10	154/1	122/17 123/8 126/9	150/2 158/3 162/2	130/1 152/12 167/7	an overview [2] 1/11
accounted [1] 148/9	adjourned [1] 167/7	126/15 127/23 133/21	162/4	amend [2] 86/18	141/9
accurate [1] 2/8	adjournment [1] 96/12	136/8 139/7 140/9	all-up [1] 59/4	105/16	an undertaking [1] 145/8
accurately [2] 85/16	adjusted [1] 78/13	140/19 152/7 155/9	allergic [1] 68/2	amended [2] 162/14	an unlicensed [2] 141/19 141/21
102/6	administered [7] 15/23 17/5 22/8 23/25	161/12 163/12 164/22	allow [11] 21/20 21/25	162/22	analyses [1] 65/5
achieve [1] 106/2	97/12 98/8 150/20	164/25	27/18 80/13 94/5	amendment [5] 46/22	analysis [7] 40/21
acquired [1] 121/13	administering [1] 68/8	again [28] 21/2 22/10	102/11 130/7 142/24	119/14 138/17 160/15	53/11 53/18 63/10
acronyms [1] 67/7	administration [5] 17/1 22/9 24/2 64/16	23/11 28/21 29/2 34/2	145/3 156/18 161/1	160/20	101/13 131/21 166/3
across [4] 19/4 47/5	159/25	41/5 50/19 50/19	allowed [6] 9/21 10/11	amendments [2] 112/6 112/18	anecdotal [1] 153/20
84/13 92/18	administrations [1] 20/25	61/18 65/10 76/11	16/20 17/18 73/20	America [3] 80/8	annual [9] 76/8 77/12
act [56] 2/21 3/5 3/9	administrative [6] 6/2	82/18 86/3 93/9	157/12	83/25 91/23	92/12 95/4 96/3 133/4
3/10 4/12 4/18 5/1	6/4 6/7 36/18 40/7	104/22 117/6 122/15	allowing [1] 129/7	American [20] 80/9	134/6 134/21 152/1
6/11 7/3 10/20 11/4	79/16	127/2 128/21 132/3	allows [1] 16/24	80/15 81/1 81/4 82/4	annually [1] 43/1
11/11 12/6 12/17	administrators [1] 40/4	134/20 142/7 143/19	alluded [1] 104/6	85/12 85/23 86/20	another [19] 12/23
13/23 14/11 14/12	admissions [1] 66/8	145/7 161/9 161/16	almost [4] 39/1 46/21	87/2 87/17 88/17	13/5 21/10 21/14
14/14 15/13 16/8	adoption [1] 6/22	164/9	101/17 101/18	90/16 96/6 96/8	22/16 46/20 69/12
16/10 16/20 16/24	advance [1] 29/4	against [7] 33/3 36/1	alone [2] 3/15 35/25	100/19 101/11 102/11	86/12 86/14 86/19
17/6 17/8 18/2 19/1	advantage [3] 118/15	44/24 55/2 111/24	along [5] 6/4 54/2	102/25 112/10 166/25	89/15 95/21 97/21
19/4 19/17 20/11 21/3	144/3 144/8	140/13 159/15	57/6 158/9 158/13	American-based [3] 80/15 81/4 87/2	98/1 98/10 98/16
22/12 22/24 24/20	adverse [3] 28/24	agency [10] 4/5 8/15	alongside [1] 153/22	American-sourced [1] 86/20	125/22 128/6 142/18
26/25 27/8 36/21	29/5 112/18	8/16 8/17 47/23 127/8	Alpha [7] 48/25 95/2	among [3] 69/5	answer [3] 89/10
38/25 39/4 39/9 46/19	advertisements [1] 22/17	128/17 128/18 164/24	113/4 113/13 114/2	157/22 159/9	96/20 144/3
52/19 73/2 73/24 74/2	advertising [4] 17/17	165/23	125/13 139/23	amongst [1] 126/4	anti [2] 140/21 158/18
88/11 91/3 96/17	45/14 138/24 161/17	agent [1] 150/11	already [7] 105/13	amount [6] 21/4 46/16	anti-viral [2] 140/21
96/22 96/24 97/1 97/5	advice [19] 3/4 4/21	Agents [6] 59/22	136/22 137/8 139/18	77/24 93/16 112/22	158/18
116/10 156/1 157/12	5/19 8/20 9/5 9/7 9/13	59/25 60/23 61/5	145/1 149/23 162/4	112/22	antibiotics [1] 36/2
157/23	9/17 9/23 10/12 10/22	61/13 61/16	also [68] 2/10 3/23	amounts [1] 76/25	antibodies [3] 120/16
acted [3] 3/25 4/20	31/21 36/18 69/20	ages [1] 68/15	4/20 7/20 8/11 9/12	ample [1] 46/14	133/10 164/19
9/16	69/21 69/24 70/1 73/8	agree [4] 26/1 41/18	9/13 9/16 10/24 11/15	an abridged [2] 124/6	antibody [2] 133/10
acting [2] 3/15 18/24	109/19	89/24 101/13	11/19 11/25 12/6 16/2	126/24	133/15
action [6] 83/19 85/4	advised [7] 5/5 5/8	agreed [5] 28/1 37/25	16/21 23/8 31/25 33/7	an acceptance [2] 129/11 129/13	antigen [6] 34/11
100/24 140/10 141/5	6/18 7/20 7/24 72/13	107/22 123/13 160/6	36/14 36/19 37/3	an accurate [1] 2/8	66/25 67/2 67/9 67/9
156/25	153/23	agreement [2] 28/4	40/15 42/19 43/5 47/4	an actual [1] 27/11	67/10
activation [1] 58/13	advise [9] 4/16 11/17	69/9	47/16 49/1 51/12	an amendment [2] 160/15 160/20	antigens [4] 66/24
active [6] 20/10 40/25	127/17 140/24 143/9	agriculture [7] 3/11	53/21 53/23 56/10	an annual [1] 134/21	79/3 110/16 131/14
41/3 41/9 41/18 42/22	154/17 155/4 160/6	3/12 18/20 18/21	56/25 58/10 59/25	an application [5] 62/21 94/8 97/5	Antihaemophilic [1] 59/10
activities [2] 35/3	164/10	18/24 25/8 25/11	61/8 61/9 61/18 69/12	130/23 151/16	any [42] 1/23 3/15
39/21	advised [7] 5/5 5/8	ahead [1] 69/18	72/19 74/8 75/13	an artefact [1] 3/22	5/20 15/21 19/11 22/4
actual [1] 27/11	6/18 7/20 7/24 72/13	AIDS [8] 30/24 50/14	75/23 79/24 80/20	an article [1] 149/4	22/16 22/17 22/17
actually [9] 67/12	153/23	95/14 110/2 110/8	81/10 81/20 85/12	an asterisk [1] 93/21	23/21 25/15 28/24
73/12 77/8 88/20	advisor [1] 152/9	111/5 113/15 159/23	89/14 102/20 105/6	an attempt [1] 1/13	29/6 29/23 30/6 32/12
110/1 120/18 145/8	advisory [2] 10/10	AIDS-related [1] 110/2	105/21 107/5 110/1	an Austrian [1] 55/8	37/14 37/16 37/17
145/13 157/14	47/17	aimed [1] 100/24	113/12 118/23 122/8	an awful [1] 59/5	
Adams [2] 159/9	affect [1] 112/19	Air [1] 48/25	123/10 127/21 131/25	an earlier [1] 34/1	
160/1	after [20] 4/3 18/1	albeit [1] 59/16	134/9 139/23 149/25	an error [1] 62/11	
add [5] 57/25 64/24	25/16 31/20 38/4	all [57] 1/15 7/16 10/3	151/20 154/14 157/25		
67/12 72/19 109/13	52/23 70/15 83/14	26/1 27/6 29/23 32/7	158/8 164/5 165/9		
added [4] 76/23 86/1		39/21 43/10 43/10	ALT [1] 121/12		
		44/5 47/10 50/16 52/1	alterations [1] 111/15		
		52/14 52/22 54/1 54/4	altered [1] 94/4		
			alternative [2] 80/22		

(45) accompanied... - any

F:

<p>A</p> <p>any... [23] 37/24 42/1 52/7 52/8 52/8 66/25 69/21 86/11 97/25 98/9 103/14 103/14 103/16 105/22 113/11 118/14 125/19 140/10 140/16 141/4 143/16 144/22 145/12</p> <p>anymore [1] 154/18</p> <p>anything [5] 21/11 23/18 53/8 150/7 156/1</p> <p>anyway [2] 38/7 71/6</p> <p>AP [1] 84/5</p> <p>apart [2] 34/4 148/4</p> <p>appeal [5] 4/20 9/18 9/22 10/11 10/11</p> <p>appeals [5] 9/16 10/7 44/24 47/18 157/12</p> <p>appear [2] 93/24 109/1</p> <p>appeared [2] 81/5 136/17</p> <p>appearing [1] 61/3</p> <p>appears [6] 34/13 69/17 85/2 85/4 118/3 160/25</p> <p>applicant [1] 42/20</p> <p>application [109] 5/17 9/18 11/10 14/14 14/18 14/25 15/16 33/6 36/24 40/18 40/23 41/2 41/7 42/10 62/17 62/21 62/22 62/25 63/4 63/20 65/11 65/18 65/25 66/9 66/12 68/9 73/4 79/15 79/20 80/12 80/13 81/2 81/7 82/4 83/14 83/22 84/7 85/18 85/25 88/24 89/18 90/21 94/8 96/23 97/5 97/9 97/24 98/19 102/8 102/10 102/15 106/22 107/23 108/1 112/13 116/2 118/6 118/10 118/19 119/2 119/7 119/17 119/18 120/15 120/22 121/16 121/17 122/11 122/12 123/9 123/14 123/16 123/25 124/1 124/3 124/6 124/16 127/4 127/13 129/7 130/23 131/3 135/8 135/14 135/15 135/25 136/1 136/17 142/18 143/4 143/8 148/25 150/19 151/1 151/6 151/16 152/23 153/2</p>	<p>153/8 157/11 157/20 158/8 162/22 164/1 164/9 165/8 165/10 165/14 165/24</p> <p>applications [33] 31/23 35/9 35/11 35/12 35/13 35/17 39/8 39/22 40/21 41/8 41/15 41/19 41/25 44/19 45/25 46/17 80/1 105/16 107/7 107/25 108/17 110/24 112/24 118/1 122/16 123/12 126/10 131/1 142/25 163/2 163/6 163/17 163/18</p> <p>applied [17] 3/23 14/23 16/14 32/1 40/16 60/22 78/24 91/3 96/15 105/14 107/8 130/13 137/10 137/15 150/25 161/1 162/17</p> <p>applies [5] 27/15 96/24 98/18 105/5 105/6</p> <p>apply [16] 14/13 23/18 24/8 24/9 24/17 28/14 28/19 47/3 47/3 64/3 119/15 124/13 142/10 144/6 152/22 160/19</p> <p>applying [1] 152/20</p> <p>appointment [1] 33/16</p> <p>appraised [1] 71/25</p> <p>appreciate [2] 139/20 166/20</p> <p>approach [5] 19/7 48/19 48/22 53/10 124/18</p> <p>approached [1] 51/20</p> <p>appropriate [5] 16/2 33/3 35/19 36/4 149/21</p> <p>approval [1] 147/18</p> <p>approved [17] 30/3 45/8 73/3 79/1 85/25 87/20 91/7 94/9 107/23 108/2 120/17 135/12 138/19 145/25 162/19 165/14 165/24</p> <p>approximately [2] 93/2 166/12</p> <p>approximates [1] 42/2</p> <p>April [17] 4/4 34/13 79/7 85/20 89/17 90/10 100/9 105/20 127/6 129/20 140/8 140/15 140/19 146/10 149/19 158/15 165/13</p>	<p>April 1976 [1] 79/7</p> <p>April 1977 [1] 90/10</p> <p>April 1978 [1] 85/20</p> <p>April 1979 [1] 100/9</p> <p>April 1985 [5] 105/20 140/8 140/15 140/19 158/15</p> <p>April 1989 [1] 4/4</p> <p>April 1991 [1] 149/19</p> <p>April 1992 [1] 146/10</p> <p>are [156] 1/25 8/8 8/23 10/21 11/12 11/15 12/4 13/23 14/3 15/13 16/9 16/9 16/16 41/5 41/15 41/17 41/19 42/14 42/19 43/5 43/23 43/25 44/19 44/24 45/8 45/8 45/12 46/25 47/10 47/12 47/16 49/16 49/18 49/19 49/20 49/20 49/21 52/3 52/6 52/7 52/12 52/12 52/15 52/24 53/2 53/15 53/24 54/24 56/5 56/13 57/7 57/9 57/10 57/25 58/1 58/19 59/5 59/19 59/24 61/14 61/16 63/19 65/7 65/12 66/1 66/23 67/7 67/7 67/24 70/3 72/20 74/6 75/12 75/23 76/18 77/16 79/4 79/15 79/16 79/17 81/20 84/18 84/24 85/8 85/22 89/3 90/8 90/17 91/10 91/18 91/24 91/25 92/12 93/20 94/2 94/6 94/10 95/1 95/8 95/17 97/12 98/8 100/10 100/12 102/15 103/23 104/14 105/1 105/10 106/20 107/3 107/21 108/4 108/25 109/2 110/17 113/4 113/12 113/25 114/1 114/2 114/3 119/14 122/2 123/19 123/19 124/8 125/10 125/15 126/6 126/12 126/16 126/18 128/20 129/16 133/4 133/13 136/19 136/22 137/8 138/16 139/15 139/18 140/23 141/16 143/25 145/23 147/13 148/12 153/13 155/13 158/5 158/7 162/3 163/23 164/3</p> <p>areas [7] 11/16 31/14 49/15 49/16 49/21 53/24 95/8</p>	<p>arising [1] 39/7</p> <p>Armour [7] 48/25 77/2 78/7 81/3 95/2 113/4 139/23</p> <p>around [9] 14/5 60/11 88/2 88/23 92/9 101/9 148/3 148/18 160/18</p> <p>arrange [1] 141/1</p> <p>arrangements [4] 4/8 39/5 43/23 103/13</p> <p>arrived [1] 136/13</p> <p>artefact [1] 3/22</p> <p>article [11] 17/16 23/10 24/23 27/22 28/17 28/21 29/2 29/12 147/13 147/14 149/4</p> <p>article 4 [3] 28/17 28/21 29/2</p> <p>articles [4] 19/16 28/12 147/13 149/2</p> <p>artificially [1] 121/5</p> <p>ARV [1] 110/2</p> <p>as [205]</p> <p>aside [1] 110/22</p> <p>ask [11] 47/15 58/18 65/22 68/13 69/12 72/23 81/9 83/22 115/12 131/11 159/5</p> <p>asked [9] 37/10 37/14 39/4 39/14 39/15 94/23 96/3 96/14 146/23</p> <p>asking [3] 88/10 89/14 137/12</p> <p>aspect [1] 138/10</p> <p>aspects [3] 1/15 30/8 43/13</p> <p>assay [1] 110/15</p> <p>assembled [1] 64/24</p> <p>assembler [1] 23/2</p> <p>assess [1] 109/6</p> <p>assessed [3] 35/24 118/18 165/12</p> <p>assessing [5] 12/15 12/21 36/5 36/7 39/22</p> <p>assessment [5] 40/24 42/17 153/8 153/17 159/4</p> <p>assessments [1] 36/15</p> <p>assessor [2] 118/9 118/13</p> <p>assessors [3] 41/22 44/23 45/21</p> <p>asset [1] 28/22</p> <p>assist [5] 1/13 1/18 53/13 137/2 150/9</p> <p>assistance [1] 1/17</p> <p>assisted [1] 39/24</p> <p>associated [4] 66/25 67/10 131/14 149/18</p>	<p>assume [1] 137/17</p> <p>assuming [2] 87/7 156/5</p> <p>assumption [1] 87/8</p> <p>assurances [1] 95/19</p> <p>asterisk [2] 78/14 93/21</p> <p>ATC [1] 159/12</p> <p>attached [2] 70/18 93/21</p> <p>attaches [1] 116/24</p> <p>attachment [1] 75/13</p> <p>attack [2] 113/10 152/14</p> <p>attempt [1] 1/13</p> <p>attempting [1] 42/1</p> <p>attend [1] 69/16</p> <p>attention [11] 22/4 23/11 24/22 37/3 38/14 53/21 66/2 71/1 100/7 138/22 140/7</p> <p>AU [3] 66/24 67/2 67/7 AU/SH/HA [3] 66/24 67/2 67/7</p> <p>August [11] 30/13 30/15 79/9 123/11 131/4 131/24 133/19 150/13 151/4 160/5 162/25</p> <p>August 1973 [1] 131/4</p> <p>August 1975 [1] 150/13</p> <p>August 1976 [1] 79/9</p> <p>August 1985 [3] 30/13 30/15 160/5</p> <p>August 1987 [1] 123/11</p> <p>Australian [1] 67/8</p> <p>Austria [9] 68/17 68/18 80/6 85/11 89/6 90/3 130/16 154/15 161/25</p> <p>Austrian [5] 55/8 59/12 72/23 90/8 96/4</p> <p>authorisation [1] 7/8</p> <p>authorisation' [1] 7/4</p> <p>authorise [1] 63/21</p> <p>authorised [2] 27/10 85/22</p> <p>authorities [3] 72/23 106/1 128/2</p> <p>authority [96] 2/24 2/24 3/15 3/17 3/25 4/17 4/22 5/13 7/4 7/9 7/13 7/15 7/25 8/9 9/8 10/1 10/3 10/4 11/18 12/3 12/7 12/9 12/13 12/22 13/3 13/10 13/19 14/2 14/17 17/14 17/25 19/25 20/5 20/18 22/3 22/5</p>	<p>23/14 23/23 24/4 24/5 24/7 24/16 24/19 27/24 28/1 28/9 28/18 28/24 29/1 29/7 29/10 31/22 32/1 32/14 35/14 37/1 72/25 73/8 83/15 86/18 87/15 87/15 97/6 97/25 98/5 99/1 99/5 99/24 102/9 102/15 106/16 107/6 107/14 107/20 109/17 123/9 123/23 124/17 128/14 129/15 143/17 144/11 144/25 145/19 146/6 148/23 149/11 151/14 151/20 155/15 156/12 156/15 156/24 160/6 161/3 163/1</p> <p>Authority' [1] 3/10</p> <p>Authority's [1] 83/17</p> <p>authors [3] 41/23 46/11 47/1</p> <p>autumn [1] 107/1</p> <p>available [39] 17/25 34/10 34/12 49/18 59/16 65/16 80/21 80/24 81/5 88/18 91/25 92/3 100/24 101/6 102/21 102/24 104/7 115/9 117/9 117/10 117/12 120/1 124/25 136/3 138/16 139/3 139/17 140/5 141/9 141/12 141/14 147/21 148/2 148/6 148/17 153/10 153/13 156/11 159/2</p> <p>avoid [3] 2/11 113/23 114/1</p> <p>avoids [1] 50/18</p> <p>awarded [1] 111/16</p> <p>aware [8] 21/21 21/24 52/13 87/16 91/12 101/22 124/17 156/3</p> <p>awareness [1] 71/5</p> <p>away [3] 26/23 110/5 117/22</p> <p>awful [1] 59/5</p> <hr/> <p>B</p> <p>back [29] 3/21 8/4 19/14 19/15 43/20 57/5 62/8 75/18 83/21 84/4 88/11 90/19 94/22 95/10 95/21 117/1 119/4 122/16 129/23 133/17 138/8 138/21 148/21 150/1 157/4 157/5 157/7 161/9 163/4</p> <p>backdated [1] 91/8</p> <p>backed [3] 16/5 64/25</p>
--	---	--	--	---	---

(46) any... - backed

B	7/8 14/15 15/18 18/15 26/3 26/15 32/22 32/25 33/19 40/20 47/24 51/19 51/19 52/15 52/16 52/21 52/24 53/1 53/7 53/9 53/10 53/16 55/23 60/5 60/14 68/24 75/7 75/21 82/25 83/14 85/5 85/25 87/16 87/23 88/2 88/6 93/24 96/1 100/7 100/23 101/16 103/3 105/19 105/22 107/16 111/7 111/16 111/17 111/22 113/3 116/7 117/16 119/22 120/4 121/4 121/12 122/14 125/6 125/14 125/18 129/21 131/22 133/11 134/9 135/9 136/25 137/10 137/15 137/18 138/7 138/19 141/4 144/15 144/23 145/25 146/23 147/5 148/6 148/7 149/17 150/17 150/20 153/10 154/11 155/12 156/23 158/2 159/1 160/22 164/15 164/16 164/18 165/24 166/15 166/20 before [22] 1/9 2/9 5/1 6/25 14/16 14/22 18/12 23/14 29/23 31/20 50/11 72/5 91/4 94/12 96/14 100/4 116/5 121/23 130/18 146/9 152/2 158/25 began [1] 59/9 begin [2] 120/22 147/2 begins [1] 81/23 behalf [6] 6/17 14/1 32/14 39/23 72/24 75/1 Behring [1] 125/12 Behringwerke's [1] 147/23 being [69] 12/11 21/23 25/25 26/8 34/14 37/21 40/6 43/14 48/24 53/20 56/1 59/24 61/8 61/12 61/18 62/9 69/2 71/2 71/2 71/9 72/9 77/1 79/15 87/25 88/16 90/16 92/9 94/23 96/23 98/10 98/21 99/3 99/23 100/19 104/18 105/24 109/14 110/24 111/1 111/7 111/11 112/23 114/5	121/11 125/2 126/1 126/3 126/22 128/13 132/25 133/2 134/10 135/6 135/12 136/24 141/2 141/18 142/24 143/25 145/9 145/13 147/3 149/11 150/24 153/22 158/7 158/24 159/24 163/22 beings [2] 22/8 24/1 believe [5] 22/6 23/24 110/4 136/21 137/8 below [2] 76/18 113/19 benefit [4] 36/6 127/22 131/21 143/13 benefited [1] 36/14 Berry [33] 55/20 61/23 62/3 62/23 65/18 66/5 74/14 81/25 82/1 85/9 85/21 89/1 100/23 101/15 101/19 101/20 103/5 103/6 103/7 103/23 105/15 107/22 111/11 112/4 119/22 131/7 131/22 133/20 140/19 152/7 152/18 155/9 157/9 best [4] 40/2 44/8 60/3 60/11 better [3] 44/13 50/17 111/23 between [29] 49/10 49/15 51/3 51/8 55/17 57/21 68/15 73/24 81/24 86/11 87/16 87/25 89/25 93/6 107/4 109/2 114/6 116/2 117/14 123/7 123/21 128/25 131/5 163/11 164/21 164/23 166/4 166/9 166/24 Biggs [4] 62/5 62/10 62/12 62/15 biological [24] 6/9 6/11 6/13 6/16 6/16 10/19 30/12 30/18 31/5 31/24 32/2 32/10 32/17 33/1 33/3 33/4 35/22 35/23 35/25 36/5 36/7 36/13 108/11 118/18 Biologicals [10] 5/10 8/24 9/2 30/22 35/5 72/6 121/18 153/9 153/18 165/12 Biologics [1] 68/10 Birmingham [1] 84/16 bit [6] 2/13 9/10 11/3 29/25 78/8 137/22 Blackburn [1] 100/11	bleeding [2] 64/9 64/19 blood [22] 31/11 33/12 33/14 33/18 33/21 33/22 34/2 34/5 34/7 34/8 34/9 34/23 36/3 47/6 48/23 62/1 67/18 95/2 108/12 132/14 135/21 139/22 bloom [3] 105/21 105/21 152/10 blue [4] 80/23 91/22 93/7 96/5 blue as [1] 80/23 board [3] 32/14 47/6 74/22 Boards [2] 74/22 74/23 bodies [4] 6/18 9/20 10/18 48/5 body [4] 4/21 9/12 9/17 10/16 bona [2] 17/21 22/20 borne [1] 34/9 both [17] 38/9 41/18 54/5 55/13 56/17 91/25 98/18 111/18 112/5 113/16 114/19 136/19 140/24 146/9 146/17 164/2 165/1 bother [1] 139/22 bottle [1] 61/1 bottles [2] 60/2 60/12 bottom [5] 31/12 77/9 92/2 100/13 112/4 bought [3] 60/23 61/5 61/7 box [1] 137/16 BPL [4] 69/6 105/19 125/11 148/5 branch [1] 75/2 Brazil [1] 154/14 breach [1] 15/19 breaches [1] 16/5 break [8] 48/9 48/13 56/18 96/9 130/3 130/5 130/5 130/10 breakdown [2] 40/10 93/6 brief [1] 17/13 briefly [1] 55/5 Briggs [2] 62/11 62/14 bring [7] 46/9 53/10 59/4 59/17 69/13 83/22 88/20 Britain [1] 113/11 British [6] 33/23 82/20 82/23 105/18 106/11 149/5 broad [1] 2/8 broadly [2] 31/14 47/5	brought [7] 24/5 42/8 47/16 53/21 65/22 68/13 100/7 bruising [1] 64/19 BSC [1] 6/20 BSE [2] 2/5 8/1 built [1] 44/1 bulk [2] 32/8 78/4 burdens [1] 40/24 bureaucracy [1] 44/6 burying [1] 115/21 business [4] 55/7 113/9 113/11 139/19 but [140] 8/11 8/22 9/25 10/14 10/21 11/7 12/3 13/6 13/16 14/4 16/8 16/21 19/5 21/11 21/15 21/20 22/11 26/13 26/20 27/7 29/6 30/3 33/7 35/15 37/7 40/9 41/17 42/6 43/5 43/11 44/1 47/10 47/16 47/21 48/6 49/16 50/4 50/6 50/11 50/23 51/12 51/23 52/12 53/1 56/18 57/1 57/7 57/25 58/10 58/21 59/5 59/12 59/22 60/9 60/11 60/21 61/16 62/14 62/25 65/22 65/25 69/7 70/14 70/21 71/9 73/22 74/11 75/20 77/17 78/6 82/3 82/13 83/18 84/3 84/14 85/11 87/15 88/25 89/14 90/25 92/24 93/16 93/16 93/22 98/21 99/11 99/20 101/11 101/25 105/6 111/20 112/8 113/4 115/1 115/25 117/4 118/3 120/8 121/13 122/3 123/10 123/19 125/1 126/3 128/22 129/22 132/3 132/7 132/12 134/15 134/18 135/7 135/13 137/22 138/15 138/18 139/1 139/1 139/21 140/5 141/23 142/19 143/22 144/19 145/10 148/13 149/25 150/7 151/11 151/17 153/19 156/11 156/16 156/21 156/22 157/5 157/7 159/17 160/2 164/5 buy [4] 77/24 77/25 78/1 83/5 buying [2] 61/14 61/17 by [152] 1/3 1/22 2/20	2/24 3/9 3/19 4/9 4/9 4/20 4/22 5/23 7/4 7/8 7/16 7/17 8/9 8/14 13/9 14/1 14/11 16/5 17/11 18/25 20/11 25/4 27/2 27/3 28/5 28/16 29/15 29/24 32/1 32/13 32/20 33/1 34/5 34/15 34/20 35/10 35/14 35/17 35/24 36/15 36/25 38/19 39/5 39/24 40/21 41/21 43/18 44/8 44/16 45/15 46/7 46/23 47/25 48/22 54/5 54/6 56/17 58/3 59/1 60/16 62/22 63/17 64/9 64/13 64/25 65/18 68/9 68/12 72/1 72/14 76/4 81/23 82/12 83/2 87/14 88/24 89/19 90/3 95/4 96/2 99/10 99/23 103/5 103/6 103/7 107/2 107/22 108/7 108/24 109/21 110/9 110/11 110/25 111/7 111/19 111/25 112/21 112/24 113/25 116/1 120/7 121/6 121/11 121/12 121/17 122/7 127/14 128/6 128/9 128/12 128/13 129/12 129/19 131/22 132/22 132/23 133/5 133/6 134/23 135/19 137/8 137/10 143/13 146/5 146/6 146/14 147/2 148/5 149/3 149/14 149/24 150/23 151/2 153/9 154/6 154/13 155/1 156/14 156/14 156/23 158/15 159/1 159/9 160/23 160/25 161/22 162/20 165/5 168/4 Bypass [1] 57/4 Bypassing [2] 150/4 150/8
				C	
				calculations [1] 77/22 call [2] 51/18 82/2 called [11] 9/12 29/21 45/3 54/15 55/6 55/10 55/14 55/20 57/2 61/15 150/15 came [5] 18/12 122/3 123/16 146/14 149/13 can [137] 7/7 13/7 13/19 15/22 15/23 15/24 17/4 18/10	

(47) backed... - can

F:

C					
can... [129] 18/10 18/14 19/5 19/14 19/20 20/7 21/3 21/4 21/10 22/6 22/7 22/12 22/23 23/25 24/7 24/24 27/20 30/10 31/14 38/17 38/18 38/22 40/13 42/24 47/12 48/2 53/4 59/6 59/19 59/21 60/23 61/5 61/8 61/9 61/12 61/18 61/22 62/21 63/3 63/13 63/21 64/1 64/3 66/3 66/5 66/13 67/4 67/6 69/13 69/25 71/18 71/24 74/17 76/25 78/14 79/12 79/21 79/24 80/2 83/1 83/10 85/18 86/5 88/11 88/20 88/21 89/24 90/12 91/4 91/16 91/23 92/19 92/24 93/10 94/16 94/25 96/2 96/21 97/3 97/20 98/15 99/12 100/10 101/24 103/19 103/21 104/8 107/3 107/20 107/24 110/4 111/9 116/22 117/11 120/19 120/23 121/7 121/21 124/13 131/21 132/7 132/15 132/20 133/1 133/7 133/14 134/6 138/19 140/1 140/25 141/10 142/10 142/16 143/21 144/6 144/23 145/7 145/19 148/14 148/21 150/23 152/3 154/12 157/4 157/16 160/16 162/13 163/8 166/25	carried [5] 6/17 10/21 33/1 34/8 65/5 carries [1] 100/20 carry [3] 10/25 72/23 100/25 carrying [1] 33/23 carved [1] 52/5 case [8] 24/18 32/18 40/17 50/2 51/4 95/15 95/16 157/24 cases [6] 25/24 32/6 32/20 36/9 153/4 164/6 category [2] 41/14 49/3 cause [9] 22/5 22/16 23/24 28/25 29/7 70/19 135/17 140/23 158/18 caused [3] 64/9 64/13 123/2 causing [2] 44/17 135/21 caution [1] 159/21 caveated [1] 93/21 CBLA0008057 [1] 150/16 CDSM [2] 5/5 5/10 cease [2] 14/16 80/12 ceased [4] 95/7 141/14 155/24 166/11 Celsius [4] 120/13 161/24 162/9 162/10 cent [1] 96/7 Centigrade [3] 147/7 147/8 159/13 central [3] 19/6 75/6 75/18 centrally [1] 19/9 centre [8] 34/25 62/15 89/21 92/13 100/9 132/24 133/7 157/25 centres [15] 65/17 68/17 71/22 71/23 72/10 74/11 74/13 75/10 75/15 84/18 84/22 95/8 125/8 133/6 150/21 certain [16] 5/15 10/21 12/6 14/3 17/9 28/12 32/2 33/22 34/9 36/2 50/18 50/19 68/20 69/25 70/1 77/24 certainly [9] 10/7 26/17 60/16 86/22 87/9 115/24 121/9 145/22 150/24 certainty [1] 164/2 certificate [12] 27/13 27/16 28/3 28/11 28/16 32/13 33/6 41/4	130/23 131/2 131/25 151/17 certificates [3] 31/24 35/10 41/4 chair [3] 30/23 55/20 100/11 chairman [3] 30/17 55/21 111/12 challenged [1] 149/14 chance [1] 108/22 change [17] 1/25 79/9 80/2 80/3 80/6 80/16 82/4 83/15 102/11 102/16 107/9 119/8 125/22 142/15 160/16 162/2 163/19 changed [6] 28/5 40/11 46/19 55/12 79/1 162/5 changes [3] 15/9 119/24 122/12 changing [4] 79/16 114/15 135/22 139/15 chapter [5] 2/6 8/1 43/7 43/8 43/16 characteristics [2] 64/6 110/16 charge [1] 66/7 charged [1] 39/2 cheaper [6] 78/8 82/19 83/7 100/19 100/20 101/10 cheapness [1] 101/12 check [3] 59/7 88/11 143/21 checklist [1] 12/2 checks [1] 26/8 chemical [1] 35/25 Chief [1] 6/6 chronology [1] 166/3 circular [5] 63/7 66/15 67/21 111/16 125/8 circulated [1] 94/18 circumstances [4] 5/16 15/2 20/3 70/2 circumvent [1] 26/4 cite [1] 149/2 cited [6] 82/13 82/18 127/19 146/8 147/14 154/13 cites [1] 147/12 civil [2] 40/3 75/19 claim [2] 101/25 159/16 claiming [1] 128/7 claims [2] 113/25 154/2 clarify [2] 58/18 140/25 Clarke [1] 25/4 clear [9] 49/16 71/5 72/16 74/9 77/5 88/14	113/21 135/5 160/10 clearer [1] 122/12 clearly [3] 80/22 90/3 102/22 clinical [40] 16/18 26/24 27/1 27/4 27/9 27/12 27/18 27/21 27/25 28/6 28/7 28/11 29/16 31/23 33/6 35/10 36/8 36/10 36/11 41/3 60/19 64/7 64/8 64/15 68/23 71/21 71/24 72/11 111/25 118/5 125/3 130/23 131/1 131/24 135/17 150/19 151/16 152/17 153/3 164/6 clinician [2] 21/12 137/10 clinicians [2] 100/25 124/24 clots [1] 135/21 clotting [1] 34/7 coagulation [3] 68/8 94/20 104/3 collating [1] 134/2 collect [1] 95/7 collected [2] 133/5 133/6 collection [1] 95/8 colour [2] 80/23 102/23 column [3] 76/20 76/21 76/23 combined [1] 136/10 come [24] 3/21 8/4 9/9 54/2 57/5 57/20 70/21 75/18 76/11 86/2 94/22 95/10 95/21 103/22 117/1 118/2 119/4 119/5 123/5 133/17 157/4 157/5 157/7 161/9 comes [14] 13/18 55/24 60/8 61/24 74/25 82/5 90/3 98/23 117/7 127/6 132/12 132/13 132/13 139/6 coming [11] 1/14 22/4 26/18 56/5 56/22 83/13 84/4 88/3 91/3 133/13 140/9 commencing [1] 75/7 commendable [1] 42/4 commendation [1] 112/17 comment [3] 37/5 68/19 112/20 commented [1] 143/1 comments [4] 69/15 69/17 110/17 110/23	commercial [2] 89/25 93/4 commercially [1] 42/19 commission [17] 4/13 4/15 4/19 5/15 7/20 7/22 9/13 9/19 10/8 13/13 39/24 157/9 157/21 157/24 158/4 158/25 160/6 commissioned [1] 8/2 committee [37] 4/23 5/4 5/7 5/11 5/14 7/18 7/19 8/23 8/25 9/7 13/12 30/16 30/17 30/21 31/22 35/4 35/19 35/20 35/21 40/1 68/9 68/12 72/12 74/24 109/18 111/2 118/17 127/15 131/11 131/18 143/7 151/2 153/7 153/23 155/2 155/12 161/5 Committee's [1] 36/14 committees [13] 3/4 4/22 5/11 5/20 6/19 8/21 9/14 10/24 11/16 13/16 35/6 39/25 47/18 committees' [2] 3/6 40/1 communicated [4] 114/6 151/3 155/5 166/22 communication [4] 21/16 45/18 49/7 49/10 Community [1] 7/1 companies [30] 1/4 1/8 1/10 42/20 42/25 48/8 48/16 49/11 49/19 49/21 50/3 50/10 50/11 50/23 50/24 51/10 52/4 52/7 54/14 54/20 54/22 54/25 75/22 96/2 106/17 108/25 109/5 112/10 139/23 168/5 company [46] 9/18 16/12 48/22 48/22 49/2 50/25 51/3 51/6 51/6 51/11 52/8 54/15 55/5 55/8 55/9 55/9 55/11 55/14 55/15 55/17 55/21 56/3 56/7 56/10 56/15 61/24 62/23 62/24 62/25 63/2 79/10 79/17 84/15 95/22 99/11 100/17 106/11 106/20 111/8 122/8 123/22	144/4 144/8 144/12 159/16 161/25 comparative [1] 164/16 compared [3] 80/23 112/11 128/12 comparison [1] 116/2 competent [3] 7/4 7/8 7/13 competing [1] 55/2 competitive [1] 139/19 competitors [4] 55/1 85/13 113/9 139/18 complained [1] 112/7 complaint [1] 122/15 complaints [7] 43/9 44/6 44/14 45/15 45/23 46/7 46/11 complete [3] 54/13 153/13 154/3 completely [4] 32/25 67/5 89/23 152/12 complex [3] 41/20 51/21 58/16 complexity [4] 41/13 41/16 42/2 58/1 complicated [1] 40/21 complies [1] 14/8 comply [2] 14/3 95/20 composed [2] 10/3 36/3 composition [3] 63/24 66/11 66/18 comprehensive [1] 1/14 comprised [1] 3/14 comprises [1] 40/3 compulsion [1] 52/19 computing [1] 46/3 concentrate [13] 50/21 56/24 56/25 57/2 75/5 80/25 82/9 85/23 89/4 102/25 119/25 132/17 138/14 CONCENTRATED [2] 74/24 75/9 concentrates [5] 80/17 90/1 100/15 102/17 164/4 concentration [1] 120/6 concern [10] 13/6 26/6 114/24 122/6 127/20 128/9 135/18 137/14 137/19 163/12 concerned [8] 18/18 18/20 21/12 86/10 126/20 136/15 149/11 149/25 concerning [5] 79/7 84/8 100/15 113/20

(48) can... - concerning

C concerning... [1] 151/21 concerns [6] 111/6 112/21 126/4 139/11 149/13 161/6 conclude [1] 110/6 concluded [2] 143/8 164/9 concludes [2] 48/1 166/17 conclusion [6] 43/21 71/9 71/16 122/3 155/3 156/2 conclusions [4] 36/23 37/16 43/23 54/11 condemn [1] 46/16 condition [2] 99/13 99/16 conditions [3] 11/20 14/3 23/21 conducted [1] 149/17 conferred [1] 18/25 confess [2] 47/20 109/15 confidence [1] 160/4 confidentiality [1] 36/22 confined [1] 43/5 confirm [2] 106/16 107/14 conflicting [1] 46/24 confusion [1] 109/13 connected [3] 51/6 52/14 53/24 conscious [2] 130/2 167/2 consensus [1] 44/7 consent [1] 28/22 consider [16] 11/19 12/5 29/23 35/7 35/9 53/20 54/4 54/10 56/22 86/19 86/22 105/7 106/20 128/20 139/1 144/25 considerably [1] 42/13 consideration [11] 35/17 36/9 38/4 41/10 96/16 96/19 97/7 97/22 98/16 98/21 138/23 considered [25] 4/19 11/25 14/25 36/25 68/9 68/24 83/4 87/10 88/16 96/23 110/24 118/19 121/17 127/14 128/13 129/3 131/22 143/8 146/14 146/24 151/2 153/7 155/1 161/7 164/8 considering [3] 12/25 49/17 98/6 consignment [3] 136/21 137/6 137/7 consistency [1] 6/13 consistently [2] 32/23 165/19 consists [1] 23/19 constantly [1] 125/14 constituent [1] 20/10 constituted [1] 9/16 constraints [1] 44/20 constructive [1] 44/12 construed [1] 98/5 consult [1] 5/14 consulted [5] 43/18 43/20 44/7 46/15 46/18 consulting [2] 13/12 13/16 consumer [2] 45/3 45/7 consuming [1] 44/25 contact [2] 34/8 100/23 contacted [2] 113/20 125/16 contacting [1] 126/8 contacts [1] 49/10 contain [1] 22/24 contained [4] 16/9 36/8 56/25 122/11 containers [1] 65/10 contains [2] 40/10 126/14 contaminating [1] 165/20 contemporary [1] 166/8 content [2] 82/3 118/12 contentious [1] 30/7 contents [2] 63/3 65/1 contesting [1] 149/22 context [8] 37/6 38/22 71/12 94/15 106/25 111/3 139/6 140/6 continue [9] 14/24 80/24 85/10 85/18 102/23 130/3 134/14 134/19 163/15 continued [2] 39/8 165/2 continuing [1] 155/18 contract [6] 75/18 75/21 76/4 76/8 76/18 77/20 contracts [3] 75/6 75/14 119/15 contrast [3] 29/12 109/9 128/6 contribute [2] 42/16 165/19 control [27] 4/5 6/10 8/15 8/16 10/20 25/23 30/13 31/15 31/19 32/9 32/20 33/20 39/5 43/17 44/3 45/10 46/9 47/23 65/3 108/12 122/13 127/8 128/17 128/18 160/2 164/24 165/23 controlled [3] 31/16 152/16 153/21 controlling [2] 33/22 69/22 convenient [1] 130/4 conversation [2] 81/24 106/15 conversations [1] 122/20 convinced [1] 118/14 convincing [1] 151/21 Coombes [10] 55/22 111/12 112/4 116/24 117/6 122/17 126/15 127/23 128/9 162/20 Coombes' [1] 56/1 cooperation [1] 52/20 copies [2] 63/10 116/25 copy [3] 66/8 147/22 154/22 Core [3] 52/12 53/21 103/14 corner [2] 69/14 79/22 corporate [5] 50/22 51/16 52/4 52/6 55/4 correct [7] 9/8 9/9 24/11 85/1 86/16 90/6 137/13 correcting [1] 90/13 correction [2] 42/1 90/14 correspondence [9] 75/24 112/21 127/5 129/9 140/8 145/23 146/1 157/21 164/21 corresponding [2] 3/13 31/6 cost [7] 77/14 77/22 77/25 78/21 81/5 98/21 98/23 costing [1] 42/25 costs [2] 77/17 98/25 could [105] 2/15 2/22 8/20 9/18 12/9 12/25 13/15 13/22 14/2 14/13 15/15 17/19 26/5 26/6 26/11 27/1 27/8 27/11 28/2 28/9 28/18 30/9 30/25 32/7 32/11 32/20 34/8 35/24 36/19 39/16 40/16 47/7 47/8 59/17 61/7 61/20 62/18 63/12 63/13 64/5 64/21 66/10 66/13 67/20 70/19 73/25 73/25 74/10 76/9 77/14 79/19 81/9 86/14 86/22 89/15 91/15 91/17 92/11 92/21 94/3 95/23 96/25 97/19 99/5 99/6 99/15 100/5 100/13 102/9 102/11 103/2 104/1 106/5 107/2 108/8 114/9 115/11 120/25 121/19 124/20 126/2 126/16 129/12 133/12 133/24 134/18 136/5 138/2 138/8 139/4 139/25 141/6 142/5 142/16 143/24 146/20 151/25 152/2 153/5 155/7 156/17 156/25 159/6 159/20 161/14 couldn't [5] 13/16 99/12 129/5 149/21 150/5 Council [1] 6/22 counsel [4] 1/3 1/7 53/11 168/4 countries [6] 19/5 44/5 50/16 139/21 162/2 162/4 country [3] 14/8 90/7 92/18 couple [8] 1/9 1/20 47/22 66/1 83/13 108/13 148/11 149/2 course [24] 19/11 29/22 29/22 43/2 48/4 57/21 59/20 65/13 71/12 83/17 84/4 84/22 86/3 87/13 99/15 103/14 103/16 103/17 105/7 106/19 111/4 123/5 133/17 145/21 courses [2] 20/25 21/8 cover [2] 50/4 103/12 covered [1] 48/19 covering [1] 65/20 CPMP [1] 7/19 criminal [1] 16/5 criteria [6] 86/6 88/7 88/8 96/15 98/20 151/12 critical [1] 43/23 critically [2] 71/24 148/13 criticism [2] 44/12 70/6 criticisms [3] 43/24 46/13 46/25 CRM [2] 4/24 5/10 crossed [1] 88/25 Crown [6] 59/22 59/25 60/23 61/5 61/13 61/16 cryoprecipitate [1] 132/16 cryoprecipitates [1] 90/3 CSM [41] 5/8 5/12 6/20 7/24 9/3 9/6 9/6 9/17 9/17 10/22 10/23 35/8 35/14 35/17 35/18 35/22 36/3 36/24 36/25 36/25 37/15 37/15 37/23 37/23 37/24 37/25 38/1 38/9 38/10 69/16 72/12 72/14 72/20 85/17 85/17 121/17 143/7 151/4 153/23 154/8 164/8 CSM's [2] 35/7 154/6 CTC [1] 27/13 CTX [1] 28/9 culpability [1] 52/9 cumulative [2] 50/15 78/20 Cunliffe [5] 8/2 38/15 38/19 79/13 144/24 curious [1] 145/16 current [3] 43/17 126/15 162/14 currently [8] 42/13 108/25 109/14 120/1 122/22 124/5 125/24 159/21 customer [2] 125/14 137/14 customers [3] 113/12 136/21 137/7 customs [2] 88/23 89/19 Cutter [6] 48/25 95/3 95/22 109/22 113/4 139/23 D data [23] 42/15 46/16 51/12 71/18 99/25 105/24 107/15 108/23 109/20 110/9 110/10 111/7 112/22 117/3 124/6 140/13 140/17 148/24 153/3 154/3 154/22 160/2 164/16 database [1] 46/3 date [16] 3/21 23/6 73/17 73/19 74/3 81/2 83/1 90/25 117/20 117/21 131/25 141/24 148/16 152/23 162/12 166/9 dated [19] 30/2 61/22 65/19 76/16 85/20 89/17 91/10 106/6 107/13 111/10 116/24 126/13 134/5 138/4 139/8 146/25 150/13 152/6 155/20 dates [2] 117/15 156/21 David [1] 89/20 day [1] 139/8 days [9] 1/16 1/20 17/15 24/14 24/16 26/18 28/17 106/6 156/16 de [2] 9/16 73/22 deal [3] 42/9 95/11 109/17 dealing [5] 35/20 35/22 39/10 75/19 97/5 deals [1] 98/24 Dear [8] 62/3 75/4 89/2 89/22 106/13 108/19 138/6 161/19 December [25] 38/20 55/13 61/22 62/4 62/16 65/20 65/21 76/12 90/22 107/8 108/2 108/21 116/24 117/13 117/14 117/18 119/18 130/15 132/2 136/8 141/13 141/15 142/4 142/19 165/6 December 1972 [2] 61/22 62/16 December 1977 [1] 90/22 December 1984 [7] 107/8 108/2 117/13 117/14 141/13 141/15 142/4 December 1986 [1] 117/18 December 1987 [1] 38/20 December 20th [1] 62/4 decentralised [1] 7/5 deceptive [1] 101/18 decide [2] 113/9 125/22 decided [3] 14/25 105/24 109/17 deciding [1] 86/17 decipher [1] 90/5 decision [9] 10/4 15/6					
---	--	--	--	--	--

(49) concerning... - decision

D	deservedly [1] 44/4 despite [9] 67/3 68/5 72/4 118/1 130/19 135/13 154/23 159/17 159/21 destroyed [1] 52/25 detail [9] 2/14 11/3 22/23 45/19 51/22 65/13 112/10 134/9 143/21 detailed [4] 65/5 65/7 71/20 150/20 details [9] 27/25 28/15 63/19 64/23 66/16 75/12 84/9 104/14 122/19 detecting [1] 79/2 detergent [2] 147/6 147/17 determined [2] 14/17 82/25 determining [1] 11/10 detrimental [1] 42/19 developed [6] 107/1 117/2 149/9 150/10 156/13 161/25 development [3] 56/9 81/18 146/19 devised [1] 6/14 DHSC0002229 [2] 94/14 133/25 DHSC0003719 [1] 76/10 DHSC0003741 [2] 74/18 76/3 DHSC0003952 [1] 72/15 DHSC0038508 [1] 147/15 DHSC0046258 [1] 91/16 DHSC0100005 [1] 76/3 DHSC0100026 [1] 69/9 DHSC0105547 [2] 153/16 154/5 DHSC0105593 [1] 72/21 DHSS [29] 6/17 6/19 8/13 32/2 35/16 36/16 39/2 39/7 39/24 41/18 41/24 44/16 45/1 73/6 74/14 83/24 84/6 85/2 85/7 87/24 94/14 94/18 106/9 106/10 126/17 134/1 154/21 160/5 163/9 did [10] 10/6 28/19 46/15 96/19 109/25 117/24 147/17 148/1 151/24 157/23	didn't [6] 21/25 54/20 85/2 85/3 86/11 141/22 die [1] 131/20 Diernhofer [6] 56/10 66/6 81/21 83/2 103/24 136/9 differ [1] 104/15 difference [1] 110/14 differences [3] 41/15 41/17 89/25 different [38] 23/2 31/5 40/16 40/23 40/24 41/5 41/9 49/2 50/3 50/25 51/8 57/8 57/8 57/22 58/1 58/14 58/14 59/23 61/14 63/21 64/1 64/18 67/16 76/25 92/14 92/23 99/11 104/7 105/1 105/3 105/3 105/4 105/5 111/24 120/3 126/1 139/12 148/24 differentiated [1] 119/21 difficult [2] 77/18 148/8 difficulties [3] 44/14 45/23 105/11 difficulty [2] 44/22 128/15 dimensions [1] 42/11 diminished [1] 67/5 diminishing [1] 126/5 direction [1] 111/16 directions [2] 63/7 64/2 Directive [4] 6/22 7/6 7/10 7/14 directives [1] 42/14 directly [1] 55/2 director [18] 30/11 30/14 31/8 33/21 34/11 55/19 55/22 56/6 56/8 61/23 62/24 65/19 69/6 75/1 81/19 89/1 111/12 162/21 Directors [6] 92/13 100/22 125/7 125/17 125/20 158/1 disagree [1] 53/18 disappear [1] 82/22 discharging [1] 53/13 disciplines [1] 31/7 disclosed [2] 30/4 51/24 disclosure [1] 51/18 discrepancies [1] 109/2 discrepancy [1] 109/5 discretion [1] 5/19	discuss [5] 43/21 106/3 118/2 123/9 138/10 discussed [5] 30/24 37/2 104/1 138/24 163/1 discussing [5] 12/24 30/7 91/20 116/4 117/16 discussion [13] 1/15 37/15 37/16 37/21 85/16 101/2 101/22 103/21 106/7 114/15 128/18 152/8 160/18 discussions [2] 107/3 123/21 Disease [1] 64/12 diseases [2] 36/10 107/11 dismissed [1] 10/12 disparity [1] 79/14 dissimilar [1] 72/3 distinct [2] 57/25 91/8 distinction [6] 51/2 55/16 57/20 86/11 87/16 166/24 distinguishable [3] 80/23 86/2 102/23 distributed [2] 73/25 144/14 disturbing [1] 46/23 divided [4] 6/4 31/3 31/14 47/12 division [31] 3/2 4/3 5/24 5/25 6/19 8/13 8/16 13/15 33/12 33/14 33/18 33/21 34/2 35/16 36/16 36/19 39/1 39/18 39/24 40/3 40/11 40/24 41/17 45/24 46/4 47/25 85/17 108/13 108/15 110/25 127/9 Division's [1] 42/3 Divisions [1] 31/9 DNA [1] 41/21 do [34] 21/13 23/19 24/7 24/10 24/16 25/15 39/14 39/15 42/16 47/21 50/23 53/25 61/4 77/17 83/11 85/13 85/20 87/19 88/13 93/6 95/7 96/21 100/2 105/17 111/4 113/7 119/16 135/7 136/21 139/25 145/6 161/3 165/3 166/14 doctor [9] 17/4 28/16 138/6 138/20 139/4 155/18 156/6 161/19	162/14 doctor/patient [1] 162/14 doctors [8] 16/20 16/23 16/24 40/5 114/8 138/5 150/14 161/10 document [45] 53/6 54/3 54/7 54/9 61/21 63/8 66/16 66/17 67/14 67/21 69/12 70/12 72/15 81/8 81/12 81/13 83/8 84/21 88/19 89/15 92/22 94/12 94/15 100/4 101/8 106/3 108/7 112/3 115/9 115/25 116/22 117/1 118/3 131/4 132/11 133/13 133/25 134/1 137/2 138/2 138/4 141/8 149/21 158/20 159/23 documentary [1] 52/13 documentation [6] 45/22 49/23 64/25 65/25 135/11 143/16 documents [42] 49/25 50/19 52/15 52/16 52/22 52/24 52/24 52/25 53/10 53/19 55/24 56/5 59/4 59/7 59/19 63/1 65/11 70/10 75/22 77/16 80/10 83/21 86/4 87/10 87/13 87/14 87/19 88/15 92/12 101/21 114/23 123/18 123/23 124/22 129/23 142/1 148/17 149/10 154/13 155/23 163/3 163/9 does [18] 13/5 20/23 21/20 22/24 41/1 43/11 70/16 71/5 71/9 125/24 135/17 139/2 139/21 140/22 148/22 156/22 158/18 159/16 doesn't [12] 24/8 24/9 24/16 54/8 54/9 70/23 71/10 93/6 93/24 134/9 150/6 156/21 doing [6] 9/15 12/18 12/18 50/24 50/25 99/16 don't [31] 10/8 11/6 24/9 24/9 30/5 30/6 40/9 54/22 60/4 65/22 68/13 70/9 83/9 85/15 90/5 90/13 91/13 93/22 98/20 98/21	101/18 101/21 130/2 132/11 134/13 134/18 135/7 137/7 144/17 144/22 159/7 donation [2] 66/23 164/18 donations [1] 154/24 done [10] 27/11 39/23 47/25 53/16 56/17 107/10 136/11 141/1 153/22 154/11 donor [3] 66/25 67/3 71/13 donors [18] 49/9 50/1 66/21 66/22 68/6 68/15 68/18 68/24 70/13 70/16 70/22 70/24 90/9 120/16 121/3 130/20 131/15 154/24 dosages [2] 64/17 64/18 doubt [2] 70/20 111/3 doubt [16] 31/3 40/13 61/10 70/12 77/18 85/8 91/22 94/3 102/12 111/22 112/25 132/19 139/10 142/16 157/13 159/6 Dr [62] 33/16 38/19 56/5 56/7 60/24 61/9 62/5 62/10 62/11 62/12 62/15 68/12 68/14 68/19 69/1 69/5 69/7 69/8 69/10 69/14 69/15 69/16 70/21 70/22 72/1 72/3 72/17 73/11 74/13 76/14 81/16 81/21 81/22 81/24 89/20 89/20 90/10 90/13 94/19 103/23 103/23 104/4 105/18 106/9 108/10 108/14 108/18 110/22 111/13 111/13 125/4 131/8 134/3 146/17 146/22 146/25 147/16 148/13 148/19 157/23 159/9 160/1 Dr Adams [1] 160/1 Dr Biggs [2] 62/5 62/10 Dr Briggs [1] 62/11 Dr David [1] 89/20 Dr Duncan [4] 33/16 68/12 108/10 108/14 Dr Eibl [3] 103/23 111/13 131/8 Dr Elsing [1] 81/22 Dr Evans [1] 38/19 Dr Foster [5] 146/22 146/25 147/16 148/13
----------	--	--	---	---	---

(50) decision... - Dr Foster

F:

D	134/25 135/2 136/2 141/14 141/18 145/2 147/7 158/11 160/11 160/22 161/13 161/23 162/3 163/21 164/17 166/10 dry-heat [1] 164/17 dry-heat-treating [1] 145/2 dry-heated [10] 58/22 108/1 124/4 126/22 128/25 141/18 160/11 160/22 161/13 163/21 dry-heated-treated [1] 107/7 ducks [1] 157/19 due [15] 29/22 34/20 49/18 57/21 65/13 83/17 84/4 84/22 86/3 105/7 119/15 123/5 133/17 145/21 152/9 Duncan [7] 33/16 61/24 68/12 106/10 108/10 108/14 110/21 during [11] 16/23 25/19 31/7 32/5 42/23 47/1 48/3 67/24 107/1 160/11 163/10 duty [4] 89/8 89/13 89/19 156/6	47/23 73/1 87/6 89/12 91/3 91/5 99/21 110/1 128/10 142/8 156/8 effective [10] 12/17 12/19 13/2 13/2 46/5 74/3 112/1 128/24 146/15 159/15 effectiveness [3] 68/23 70/8 129/1 effects [3] 67/22 67/24 112/2 efficacious [11] 12/16 12/16 12/21 12/24 15/25 86/15 86/21 87/8 98/3 98/11 151/10 efficacy [29] 4/25 5/6 5/9 6/12 7/23 11/12 13/11 26/8 39/12 71/24 86/7 86/9 86/12 96/15 97/10 97/21 97/22 98/15 109/6 110/11 151/8 151/21 153/19 153/25 154/2 155/5 155/14 159/11 160/2 efficiency [1] 42/5 efficient [1] 145/5 efforts [3] 136/10 158/7 158/9 eg [3] 44/20 70/3 80/23 EHC [1] 42/14 Eibl [4] 56/7 103/23 111/13 131/8 eight [1] 115/22 Eighth [1] 100/8 either [6] 22/7 80/14 85/2 87/23 99/25 161/1 electrophoresis [1] 79/3 element [1] 138/11 eliminated [1] 67/5 else [1] 98/23 elsewhere [1] 43/6 Elsinger [1] 81/22 Elstree [1] 34/24 email [2] 146/16 146/22 embark [1] 25/20 embarrassed [1] 113/25 embarrassing [1] 42/11 emphasise [1] 81/25 emphasised [1] 75/16 empt [3] 1/24 53/25 144/17 encapture [1] 56/16 enclosure [1] 66/14 encourage [2] 57/17	106/17 encouragement [2] 107/5 107/25 encouraging [1] 108/16 end [12] 21/12 23/15 24/24 28/19 34/21 68/21 87/24 88/3 117/4 129/1 129/3 162/23 endeavouring [1] 113/3 Endobulin [1] 112/16 endocrinology [1] 36/12 enforcement [1] 45/13 England [3] 18/19 81/20 148/6 English [1] 81/15 enlisted [1] 157/23 ensure [2] 32/9 120/8 entered [3] 6/25 27/21 113/5 entirely [4] 68/7 121/14 130/21 135/5 entities [1] 51/8 entitled [3] 74/24 76/14 76/24 entity [2] 33/15 54/19 entry [5] 59/21 59/22 77/1 93/24 95/25 epidemiological [1] 36/8 epidemiology [1] 36/12 equally [4] 12/23 98/2 98/10 112/1 equipment [1] 11/24 error [1] 62/11 errors [1] 45/22 especially [1] 112/17 essence [1] 2/22 essential [3] 32/9 105/15 119/13 essentially [1] 6/4 establish [2] 4/13 125/15 established [7] 2/20 4/24 6/10 7/20 10/20 33/14 113/12 etc [1] 110/16 EU [1] 165/10 Europe [2] 91/19 139/24 European [18] 7/1 7/21 80/12 80/14 80/19 80/25 82/11 87/16 90/12 95/16 102/19 102/24 133/21 133/23 134/12 134/17 150/21 166/25	European-based [1] 80/19 evaluation [2] 31/20 112/1 evaluations [1] 36/14 Evans [4] 8/2 38/15 38/19 79/13 Evans-Cunliffe [2] 8/2 38/15 even [14] 14/25 41/14 43/1 46/14 58/14 120/8 124/11 126/22 136/1 139/5 142/23 144/4 151/24 163/21 events [1] 50/18 eventually [1] 77/19 ever [1] 10/6 every [2] 11/7 56/18 everybody [6] 1/13 11/5 42/7 51/2 81/14 139/13 everyone [1] 111/21 everything [1] 90/2 evidence [60] 1/19 1/21 1/24 2/3 2/17 8/7 8/8 8/22 9/10 11/14 15/8 19/11 26/17 26/20 26/21 29/18 29/21 29/25 30/3 30/4 30/6 30/20 32/22 36/8 37/7 38/8 38/12 38/13 38/16 41/12 48/4 53/23 53/25 54/5 61/25 63/9 68/23 75/19 81/25 90/18 99/22 101/19 110/16 111/3 111/24 111/25 121/23 136/2 136/23 140/21 144/17 144/22 145/12 146/14 146/17 153/19 154/1 158/3 158/17 165/17 exact [1] 97/2 exactly [7] 50/2 58/18 70/11 88/8 88/9 101/8 135/14 examine [2] 39/7 134/19 examined [1] 34/5 examiner's [1] 159/3 example [9] 5/16 9/24 10/25 34/10 36/21 41/20 49/22 107/19 109/7 examples [1] 67/16 exceed [2] 20/23 42/13 exceeding [1] 21/1 exception [1] 95/6 excess [2] 162/9 162/11 Excise [1] 88/23	exclude [2] 98/20 154/25 excluded [5] 67/2 68/7 121/8 130/21 153/6 exclusion [1] 70/15 excuse [2] 56/8 81/14 execution [1] 4/18 exempt [1] 28/9 exemption [25] 16/18 17/11 18/5 19/17 19/22 19/24 20/17 22/2 23/12 23/12 24/9 24/10 24/15 24/17 24/25 25/23 26/23 26/24 27/4 28/1 28/8 28/14 28/20 29/11 41/4 exemptions [5] 16/9 16/14 16/16 28/6 60/21 exercise [2] 18/25 51/18 exercised [1] 65/3 exhaustive [3] 11/11 12/2 53/14 existed [2] 111/21 126/23 existing [7] 35/12 41/8 43/22 115/4 124/1 127/9 163/20 exists [1] 105/12 expand [6] 61/7 63/13 66/13 92/22 94/25 97/19 expanded [1] 69/25 expect [2] 71/6 78/3 expectation [3] 115/19 116/13 140/12 expected [1] 111/23 expedient [1] 4/19 expeditiously [2] 39/10 50/4 expensive [1] 101/7 experience [2] 45/21 83/5 experience' [1] 4/14 experienced [2] 36/7 44/22 experiment [1] 153/21 experimental [1] 36/11 expert [4] 39/25 47/17 47/17 123/14 expertise [2] 36/4 36/10 experts [2] 3/4 147/4 expiration [1] 91/6 expires [1] 91/4 expiry [1] 15/4 explain [4] 50/24 51/16 115/20 132/12
----------	--	---	--	--	--

(51) Dr Foster... - explain

F:

E explained [2] 35/23 105/15 explanation [1] 54/2 explore [1] 25/19 exploring [2] 25/18 49/25 export [1] 147/23 exported [2] 59/12 147/22 exporting [1] 16/13 expressed [8] 17/6 72/1 72/2 76/22 112/21 128/9 160/23 167/1 expressing [4] 67/16 69/9 161/6 163/12 expression [1] 101/4 extended [1] 46/9 extensive [1] 153/20 extent [4] 4/6 91/11 93/11 109/5 eyebrows [1] 145/23 eyes [1] 26/14	144/15 148/15 154/18 factor VIII [46] 34/21 57/4 59/2 64/9 64/13 74/25 75/5 75/10 76/15 77/2 80/17 85/22 89/4 89/25 93/5 95/4 100/15 100/18 101/3 102/17 106/14 106/18 108/20 109/1 109/14 110/13 113/1 115/5 119/15 119/25 120/24 123/4 125/9 132/16 133/10 133/15 135/13 144/14 147/20 148/6 148/9 148/16 150/3 150/7 150/9 154/19 Factor VIIIY [1] 125/11 Factor X [1] 57/1 factors [5] 11/9 12/6 40/22 68/8 94/21 facts [1] 53/1 fair [2] 128/22 164/24 fairly [3] 24/20 42/21 50/4	133/16 134/20 136/11 140/22 150/3 150/4 150/15 150/17 150/20 150/25 151/24 152/4 152/15 152/21 153/5 153/19 154/11 154/17 155/15 157/11 158/1 158/8 158/17 159/1 160/11 161/12 161/21 162/6 162/8 162/13 162/15 162/22 163/2 163/5 163/9 163/19 163/21 165/2 166/4 166/7 166/10 166/12 166/18 fell [1] 5/9 few [5] 11/8 89/17 89/18 103/22 110/17 fide [2] 17/21 22/20 figure [4] 76/20 76/20 77/12 78/14 figures [7] 41/24 59/15 76/17 76/17 78/6 93/20 147/23 file [1] 117/4 final [9] 24/22 38/13 72/5 94/12 99/20 126/14 131/13 131/15 147/10 finally [4] 46/6 47/7 65/14 93/19 finance [1] 47/18 financing [1] 8/17 find [9] 53/7 53/9 83/17 85/19 109/16 110/3 110/14 143/21 150/17 findings [7] 2/5 29/23 43/9 43/10 43/21 149/13 149/18 finished [1] 32/8 firm [2] 10/11 144/22 firms [3] 95/1 95/5 95/6 first [37] 8/8 11/9 16/16 16/18 17/15 18/9 18/17 19/19 20/12 21/20 29/25 30/9 35/18 48/21 49/5 50/6 50/20 50/24 54/14 55/19 57/11 59/18 59/21 61/3 62/17 66/5 68/2 69/24 77/1 91/1 113/20 118/6 139/11 150/16 152/14 155/11 166/9 firstly [1] 27/9 Fisheries [3] 3/12 18/22 25/8 fits [1] 145/18 five [8] 14/13 23/9 31/8 50/11 63/16 80/5	88/4 109/8 five years [3] 14/13 23/9 63/16 five-year [1] 88/4 fix [1] 100/2 flagging [1] 80/11 Fletcher [1] 84/5 flexibility [1] 29/15 flow [1] 64/22 fluctuation [1] 101/3 focus [1] 49/4 follow [6] 1/19 65/7 67/6 70/17 71/10 145/15 followed [3] 47/20 72/18 121/12 following [16] 8/15 24/13 39/6 43/8 43/16 46/6 49/5 64/17 67/25 94/17 95/1 97/4 106/15 107/8 122/5 139/7 follows [9] 19/2 23/8 34/16 44/11 125/5 125/10 152/10 160/14 166/3 Food [3] 3/13 18/22 25/9 forbid [1] 44/21 force [3] 14/16 32/17 165/6 forget [2] 57/5 156/15 forgive [4] 31/1 57/5 81/18 141/21 form [11] 18/5 40/17 57/13 57/14 63/23 79/25 80/16 116/17 120/23 139/12 140/3 formal [3] 32/13 123/16 132/1 formalised [1] 45/17 formally [1] 3/24 former [2] 33/18 56/1 formerly [2] 59/10 91/11 forth [2] 64/14 64/20 forthwith [1] 22/4 forward [9] 74/19 76/11 78/23 103/22 106/23 107/6 114/14 130/1 157/8 Foster [6] 146/17 146/22 146/25 147/16 148/13 148/19 found [9] 11/15 15/13 16/15 43/5 46/17 51/20 85/15 96/21 149/7 foundation [1] 43/25 founded [1] 55/6 four [3] 19/5 109/11 149/7	fourth [3] 49/10 58/9 104/2 Fowler [4] 2/3 2/4 2/17 13/9 Fowler's [6] 2/7 8/6 8/22 11/14 18/16 38/16 Fraction [4] 59/11 150/4 150/8 150/15 Fraction R [1] 150/15 Fractionation [2] 34/25 132/24 framework [1] 7/2 fray [1] 113/6 Free [5] 61/13 61/14 92/15 92/25 113/15 freeze [4] 66/21 74/25 75/5 75/10 freeze-dried [1] 66/21 frequent [1] 45/22 Friday [1] 167/7 friendly [1] 98/14 from [213] front [2] 38/18 148/25 fulfilling [2] 6/14 12/5 full [8] 43/24 73/20 73/21 74/2 75/12 93/5 138/8 151/18 fuller [1] 122/11 fully [1] 124/17 function [3] 8/12 8/19 12/12 functions [10] 3/1 3/16 3/17 4/1 4/7 8/14 10/21 12/5 35/3 48/5 fundamental [1] 52/2 further [60] 1/21 10/12 15/8 18/4 19/3 21/16 21/18 29/21 37/5 38/8 40/13 41/12 42/12 50/8 53/23 54/21 58/1 61/10 69/2 69/11 70/12 72/5 72/18 72/19 76/16 79/6 79/8 79/20 81/7 91/22 95/22 100/4 111/3 112/18 112/25 118/11 118/21 120/9 123/25 124/1 126/6 128/16 137/2 138/2 140/10 140/21 141/5 143/4 143/21 143/24 144/3 148/20 153/1 154/20 155/1 158/17 162/10 163/9 163/25 164/21 future [5] 82/8 95/19 106/24 129/12 152/14	gained [3] 10/13 10/14 46/23 Gammabulin [1] 112/12 gave [4] 35/1 46/14 74/10 153/18 GE [1] 75/2 gender [1] 17/6 general [7] 29/20 49/13 69/9 69/23 101/2 126/8 160/3 generally [5] 4/18 37/25 56/16 57/10 147/21 generate [1] 34/7 George [1] 25/7 George Younger [1] 25/7 German [7] 59/20 81/8 81/13 90/8 96/4 101/7 113/8 Germany [7] 68/17 68/18 80/6 85/11 113/10 147/20 154/14 get [15] 14/5 23/12 42/18 57/16 58/13 81/7 110/5 111/21 113/3 115/3 115/18 126/10 129/15 145/6 158/4 gets [2] 21/12 58/16 getting [7] 12/19 84/25 119/9 128/15 136/10 137/22 165/2 give [24] 1/17 9/5 9/7 14/7 20/6 26/5 43/24 49/14 49/22 52/6 54/2 54/8 59/3 76/2 92/17 98/22 101/9 104/4 117/22 122/19 126/7 144/12 146/7 151/22 given [32] 3/9 4/21 10/15 13/22 16/3 19/24 20/17 23/15 28/12 31/21 40/14 42/12 65/6 73/15 75/12 95/19 96/2 99/9 114/12 122/14 129/10 130/17 132/18 135/16 142/7 144/18 146/17 149/8 149/23 152/16 160/21 165/4 gives [5] 13/24 25/21 39/17 64/2 132/15 giving [4] 20/9 30/4 48/2 144/11 go [57] 2/13 11/3 11/6 12/3 31/3 38/21 40/9 41/11 43/7 43/9 46/10 47/7 47/10 47/15 50/7 51/22 54/22 56/13 57/6 59/3 59/6 61/2
--	---	---	--	---	---

(52) explained - go

F:

G	122/25 128/15 134/9 greater [5] 29/14 39/21 111/25 120/8 129/24 GRO [1] 103/12 GRO-C [1] 103/12 ground [1] 50/4 grounds [18] 12/9 13/11 15/16 29/11 45/11 86/12 86/13 99/2 118/20 121/24 127/18 143/10 153/25 155/4 155/13 155/17 155/22 164/11 group [2] 55/1 89/24 grouped [1] 54/17 growing [2] 42/8 50/12 grown [1] 42/11 growth [1] 42/2 guidelines [1] 95/20	125/8 125/17 125/20 133/5 133/9 150/21 157/25 haemophiliac [2] 62/6 131/19 haemorrhage [2] 69/23 131/20 hand [5] 76/20 76/21 76/23 79/22 128/25 hands [2] 42/19 167/3 happen [2] 10/6 54/20 happening [1] 116/18 hard [1] 41/17 has [46] 19/24 20/17 24/4 26/3 29/5 37/8 40/20 42/8 42/11 43/2 51/17 51/19 51/19 52/8 52/21 53/10 53/16 61/7 66/25 75/21 81/14 83/14 95/19 100/21 100/22 103/3 105/23 109/17 112/16 112/16 113/15 121/4 125/14 125/16 125/18 136/25 137/16 138/19 146/17 146/23 152/10 152/16 160/12 160/21 161/25 166/20 hasbeen [1] 162/18 hasn't [2] 54/3 82/25 hasten [1] 64/24 have [216] haven't [5] 26/7 47/20 53/7 53/9 95/22 having [5] 100/7 116/2 125/22 129/22 131/22 Hawaii [1] 84/14 hazardous [1] 32/18 HBAg [1] 70/16 HBsAg [1] 90/1 HCDO00001394 [1] 93/8 HCDO0000403 [1] 100/6 HCDO0001394 [1] 93/9 HCDO0001451 [1] 93/19 he [51] 2/4 2/18 21/12 22/16 22/19 30/11 30/11 30/13 30/15 30/17 31/3 31/10 31/12 31/18 33/9 34/3 55/20 55/23 62/2 68/24 69/7 69/17 69/19 70/11 71/1 71/4 71/5 71/9 71/16 84/7 86/1 89/21 90/12 101/17 101/21 101/25 105/21 110/24 120/1 120/6 122/20 122/21	122/25 127/25 128/5 128/14 137/19 143/1 146/18 147/12 157/9 he's [3] 102/5 126/20 152/22 head [7] 10/9 33/16 62/1 81/17 108/12 146/18 157/2 headcount [1] 44/21 headed [1] 56/11 heading [3] 104/2 113/1 134/5 headings [1] 121/2 health [25] 3/3 3/10 3/12 3/20 3/25 4/3 5/24 8/11 8/18 18/18 18/20 18/22 19/10 25/5 25/10 30/14 45/5 45/6 47/24 74/20 76/5 76/14 107/6 111/1 139/16 healthy [1] 66/21 hear [10] 1/25 11/5 11/6 15/8 19/12 26/18 48/4 53/23 111/3 145/21 heard [6] 1/22 11/13 30/20 71/6 108/13 146/8 hearing [4] 106/23 157/10 158/25 167/7 heat [79] 34/22 57/13 57/14 57/15 57/18 57/23 57/24 58/2 58/13 100/5 103/18 103/25 104/5 106/14 106/18 107/2 107/10 108/17 108/20 108/25 109/7 109/12 110/1 110/3 110/7 110/12 110/13 111/21 114/10 114/11 114/12 114/16 114/17 115/6 118/15 120/3 124/2 126/19 127/10 127/11 128/4 129/10 129/18 135/12 135/17 135/19 135/23 136/11 138/7 138/18 139/2 139/12 139/16 140/4 141/12 141/13 142/9 142/22 143/18 143/25 144/16 145/2 146/16 158/8 158/10 158/11 158/11 158/17 158/23 159/10 159/10 159/11 159/14 159/22 160/22 161/21 161/22 161/23 164/17 heat-treated [28] 57/14 100/5 106/14 108/20 109/12 110/13 111/21 114/10 114/11	114/12 124/2 127/10 127/11 129/10 129/18 135/12 135/19 136/11 138/7 138/18 139/16 140/4 143/25 144/16 158/17 158/23 159/10 161/22 heat-treating [2] 108/25 146/16 heat-treatment [1] 110/1 heated [61] 57/16 57/19 58/22 58/23 104/10 104/19 105/10 107/7 107/16 108/1 109/4 109/8 109/10 109/15 113/13 113/21 113/22 113/24 114/25 115/2 115/16 115/17 117/13 117/17 117/24 119/8 119/19 120/9 120/13 120/23 121/4 122/23 122/24 123/1 124/4 124/7 124/11 126/18 126/22 127/14 128/25 134/25 134/25 135/2 136/3 141/15 141/18 142/12 146/13 147/7 147/10 147/25 160/11 160/22 161/13 162/3 162/6 162/23 163/10 163/21 166/10 heating [12] 57/22 58/8 58/9 58/15 105/3 106/4 110/5 120/7 128/23 129/2 163/20 164/14 heavy [1] 64/19 Heidelberg [1] 59/22 held [3] 30/11 100/9 138/13 help [8] 43/11 44/12 48/18 49/14 50/24 51/24 110/17 115/8 helpful [4] 1/10 2/2 18/7 88/21 helps [2] 51/18 117/1 Hemofil [12] 70/14 70/18 70/20 71/11 73/4 73/11 75/23 76/7 78/12 88/5 93/14 132/17 henceforth [2] 114/10 161/11 hepatitis [36] 34/11 35/2 66/24 67/4 67/9 67/9 67/18 68/7 70/13 70/20 79/2 82/12 82/17 82/21 87/11 100/21 101/1 113/14 121/10 122/7 127/20 127/21 130/21 131/14	131/19 143/12 147/3 148/1 148/22 149/9 149/12 149/18 153/4 154/25 159/18 164/7 hepatitis-safe [1] 148/22 her [3] 3/1 4/1 62/14 here [17] 15/20 19/6 54/16 60/11 66/12 70/23 85/12 86/19 91/16 92/4 93/10 104/8 118/23 120/18 124/10 141/17 163/16 hesitate [1] 88/9 HHFT0000925 [1] 89/16 high [3] 6/12 44/4 152/14 higher [5] 82/16 82/21 87/11 99/11 100/21 highlight [1] 122/4 Hill [1] 1/5 him [4] 37/11 81/17 82/2 146/23 hinted [1] 151/15 his [26] 2/3 2/4 2/17 3/1 4/1 16/25 17/1 17/5 20/1 22/4 31/18 35/5 68/19 69/15 69/17 71/9 71/16 85/11 105/23 108/13 119/22 119/24 120/9 126/16 150/1 156/7 history [2] 52/6 66/25 HIV [3] 135/20 164/7 164/18 HM [1] 88/23 HM Customs [1] 88/23 hold [2] 23/13 28/10 holder [2] 14/13 14/23 home [3] 93/1 93/12 93/18 homologous [3] 67/4 68/6 130/20 hope [8] 38/10 50/4 50/5 50/6 56/7 98/14 110/17 129/25 hoped [1] 124/7 hopefully [2] 106/21 129/22 hoping [1] 114/3 hormones [2] 33/18 36/3 Horowitz [3] 147/5 147/12 147/13 horse [1] 114/2 hospital [12] 61/12 61/13 74/22 74/22 74/23 75/1 92/25 100/10 113/15 132/11 132/13 132/19
----------	---	--	--	--	--

(53) go... - hospital

F:

H	I don't [13] 10/8 11/6 30/5 40/9 54/22 60/4 65/22 68/13 90/5 101/18 144/17 144/22 159/7 I emphasise [1] 81/25 I find [1] 109/16 I follow [1] 145/15 I forget [1] 57/5 I gave [1] 74/10 I have [1] 55/16 I hope [1] 56/7 I may [1] 60/10 I mean [2] 25/21 144/19 I note [1] 48/7 I pause [2] 76/19 104/13 I quote [7] 17/19 22/15 68/4 68/25 135/16 152/19 158/16 I raise [1] 55/24 I referred [1] 81/17 I said [1] 50/21 I say [10] 12/1 15/7 37/19 48/18 56/18 86/2 95/10 98/18 131/23 150/2 I see [2] 86/17 137/25 I should [1] 53/15 I stress [1] 47/2 I suppose [2] 77/14 145/18 I suspect [2] 62/10 128/1 I think [14] 3/21 26/18 37/8 43/11 58/4 60/24 77/8 77/13 80/11 103/11 116/13 144/2 150/11 157/6 I turn [1] 150/3 I understand [4] 61/15 84/21 131/9 140/4 I won't [3] 33/10 69/11 139/12 I would [5] 11/2 19/19 71/6 93/23 122/4 I'd [4] 54/13 88/12 94/12 141/22 I'll [10] 33/25 41/6 69/12 81/15 92/8 103/16 132/12 145/21 159/4 161/16 I'm [28] 2/11 11/5 16/22 21/13 21/24 24/6 29/18 43/9 48/1 48/3 54/4 58/17 59/4 84/2 88/10 92/12 100/6 109/24 115/12 115/13 116/1 120/21 123/18 130/2 144/21	156/3 167/2 167/2 I've [6] 62/14 146/8 149/23 154/13 155/23 157/13 icterogenicity [1] 70/15 identifiable [1] 95/18 identify [4] 52/21 53/6 53/12 53/19 ie [2] 3/11 7/5 if [138] 5/14 9/17 9/21 10/14 13/6 13/12 14/21 14/22 14/25 17/5 18/9 19/13 21/9 21/21 23/1 24/8 24/15 26/23 27/9 27/12 27/14 27/19 27/22 28/11 30/9 30/25 37/14 37/16 38/21 39/16 41/11 42/7 43/7 46/10 47/7 47/15 48/18 52/8 53/6 59/17 61/2 61/7 61/20 62/18 63/12 63/13 64/5 64/21 66/10 66/13 67/20 68/2 71/17 76/2 76/9 77/9 77/24 77/25 78/1 78/6 79/19 81/9 81/14 85/18 88/12 91/3 91/17 92/11 92/21 94/3 94/13 94/13 94/25 95/23 95/25 96/25 97/19 100/13 101/15 101/15 101/16 102/5 102/9 102/11 103/2 103/14 104/1 105/17 106/5 110/3 113/9 113/23 120/25 123/19 124/20 125/18 126/17 130/2 130/4 131/6 131/17 132/10 132/19 133/3 133/7 133/12 133/24 134/4 134/5 137/4 137/9 137/15 138/2 138/8 139/10 139/25 140/24 141/6 142/5 142/16 144/4 144/13 144/21 145/3 146/20 151/18 151/22 151/25 152/2 155/7 156/8 156/16 159/6 159/21 161/5 161/14 163/14 166/25 ii [4] 20/7 23/23 56/25 90/4 iii [14] 20/7 20/10 34/12 34/15 35/1 41/11 41/14 107/2 114/19 120/6 120/17 121/6 121/7 140/14 imagine [1] 148/8	immediate [1] 152/14 immediately [1] 116/5 Immuno [151] 48/25 49/22 49/25 51/5 54/15 54/17 55/2 55/4 55/6 55/12 55/19 56/2 56/4 56/6 56/9 56/12 56/16 56/17 56/17 56/20 56/21 58/3 59/1 59/9 61/23 66/6 70/25 78/8 78/16 79/11 83/3 83/4 83/24 84/6 84/9 84/11 85/10 85/21 87/7 87/9 88/25 92/24 93/10 93/23 95/3 95/6 95/16 95/25 100/16 100/23 101/9 101/20 105/1 106/11 107/4 107/4 107/5 107/8 107/14 108/24 109/9 110/4 110/11 111/7 111/13 111/13 112/22 112/24 114/6 114/6 114/9 114/15 114/18 114/18 115/15 116/14 116/23 116/23 117/6 117/23 118/11 119/7 120/1 122/15 122/17 122/17 123/8 123/8 123/12 124/5 124/23 126/4 126/8 126/9 126/15 127/16 127/23 128/11 129/12 132/25 133/21 134/6 134/23 136/7 136/8 139/7 139/7 140/9 140/10 140/19 142/14 145/24 146/4 147/10 147/25 149/14 149/16 150/25 151/13 152/7 152/7 154/6 154/8 154/17 155/5 155/9 157/19 158/15 160/5 160/12 160/23 160/25 161/10 161/12 162/25 163/5 163/8 163/11 163/12 163/13 163/17 164/19 164/21 164/22 164/23 164/25 164/25 164/25 164/25 165/23 166/19 Immuno AG [18] 83/3 87/9 111/13 114/6 116/23 117/6 122/17 123/8 126/9 126/15 127/23 133/21 136/8 139/7 140/9 140/19 152/7 155/9 Immuno Ltd [26] 79/11 83/24 84/6 88/25 100/16 107/5 111/13 112/22 114/6 114/18 116/14 122/17	123/8 124/23 126/4 126/8 129/12 136/7 139/7 140/10 145/24 146/4 152/7 158/15 160/23 160/25 Immuno's [6] 72/24 91/16 148/7 149/19 164/8 165/12 immunoglobulin [3] 61/16 112/14 131/9 impedes [1] 46/4 implement [1] 7/10 implementation [2] 18/15 39/3 implemented [1] 47/21 implicated [1] 159/24 implication [1] 100/20 implying [1] 53/8 import [7] 16/24 17/4 20/2 23/16 27/23 76/5 89/3 importance [2] 79/18 122/10 important [8] 16/8 20/11 31/10 44/2 53/20 54/10 54/23 125/25 importation [4] 17/12 18/6 20/1 25/1 imported [12] 11/18 13/21 17/10 20/13 20/22 21/4 21/23 26/9 90/16 130/16 145/14 148/9 importer [1] 17/13 importers [1] 48/23 importing [5] 16/13 19/23 20/16 23/19 27/19 imports [1] 95/4 impose [1] 40/23 imposed [1] 44/20 impossible [1] 154/24 impressed [1] 109/21 improved [2] 47/14 112/16 improvement [2] 44/1 128/3 inactivate [1] 135/20 inactivated [6] 104/3 105/17 105/20 105/23 107/2 144/1 inactivation [15] 57/17 58/5 104/5 105/2 105/12 106/8 111/23 114/16 114/20 118/16 120/4 128/10 140/13 144/20 164/16 inadequate [4] 46/3 111/20 151/7 151/11 inappropriate [1]	143/14 include [7] 27/15 32/7 36/2 88/8 92/20 94/5 107/15 included [14] 31/19 33/2 33/7 34/23 36/10 54/9 86/6 118/11 120/15 154/9 154/22 155/16 161/7 165/16 includes [4] 22/25 63/15 149/6 153/3 including [22] 6/18 7/16 9/14 15/16 27/3 29/11 35/11 40/4 64/8 68/21 84/8 84/14 90/2 103/24 123/14 127/20 143/11 149/16 150/21 162/5 164/13 166/24 incomplete [3] 15/17 44/19 52/12 incorporated [1] 55/11 increase [7] 39/8 40/20 42/1 42/5 106/2 112/2 114/4 increased [2] 42/4 79/7 increasing [3] 44/17 135/21 146/3 increasingly [1] 142/14 indebted [1] 53/15 indeed [6] 19/16 37/22 42/17 93/4 129/19 133/3 independent [1] 53/11 indicate [1] 59/15 indicated [3] 15/24 115/15 151/4 indicates [2] 67/18 70/21 indication [1] 55/15 indigestion [2] 12/19 12/20 individual [2] 1/10 7/18 industry [4] 41/18 43/3 45/6 45/15 inevitable [1] 52/23 inevitably [1] 70/9 infection [3] 50/13 50/14 121/13 infections [2] 34/9 159/19 infectious [1] 36/10 infectivity [1] 110/7 inference [3] 26/11 83/10 101/7 Infirmary [4] 92/16 93/20 93/25 150/22 inform [6] 17/14 22/3
----------	---	--	---	---	--

(54) hospitals - inform

F:

I	Institute [5] 6/9 10/19 30/12 31/8 108/11 instruction [1] 141/4 instructive [1] 40/15 instrument [1] 18/10 instruments [1] 17/20 intend [2] 11/6 152/20 intended [8] 1/17 1/23 29/19 44/12 72/22 84/10 150/9 157/10 intending [2] 27/23 137/20 intent [2] 74/2 132/3 intention [1] 20/2 interaction [1] 51/8 interest [6] 31/17 43/2 51/9 82/4 103/11 131/5 interested [3] 54/24 85/19 123/20 interesting [1] 140/2 Interestingly [2] 93/14 134/11 interests [2] 45/3 46/24 internal [2] 87/9 87/13 international [17] 33/23 55/6 55/17 60/5 76/1 76/6 77/3 78/1 93/1 93/2 93/11 93/12 96/5 133/1 134/7 134/21 147/4 interpretation [1] 83/8 interrupt [1] 58/18 intimated [1] 161/2 into [39] 11/3 12/7 12/22 13/1 13/7 18/12 22/23 25/20 26/9 27/21 31/14 36/19 39/17 47/4 47/12 51/22 54/22 58/24 64/19 69/11 70/10 77/19 81/7 90/16 91/3 97/7 97/21 97/22 98/16 105/10 108/6 119/24 123/24 128/21 129/8 130/17 134/9 145/11 145/20 introduce [4] 105/16 107/9 119/24 158/9 introduced [15] 5/1 6/22 6/24 7/10 7/15 17/10 18/5 20/11 21/3 25/17 28/7 29/15 60/5 121/5 142/11 introduction [8] 18/2 29/20 29/24 38/24 58/25 79/18 94/16 166/4 invariably [1] 51/21 investigate [2] 134/15 144/2	investigation [1] 143/24 invite [1] 51/2 invited [1] 128/20 inviting [1] 106/20 involved [6] 18/15 52/21 54/19 106/17 157/6 157/25 IPSN40156 [1] 149/3 Ireland [8] 3/14 18/23 18/24 25/10 25/11 92/15 93/10 93/14 isn't [3] 12/2 70/24 144/7 issue [9] 22/16 22/17 32/13 46/14 85/22 103/18 113/21 132/3 155/15 issued [10] 7/8 27/14 73/21 90/24 131/4 131/23 131/25 132/1 154/10 162/13 issues [2] 7/23 39/7 issuing [2] 39/22 42/25 it's [65] 10/15 10/17 12/24 16/8 17/5 18/8 19/17 20/11 24/18 28/3 28/3 29/19 31/1 40/17 53/2 53/14 62/24 66/11 66/14 67/7 67/17 72/2 72/2 72/15 75/1 76/3 76/21 77/5 77/17 78/2 78/2 79/24 82/1 88/24 89/19 89/20 91/2 92/17 98/24 101/16 101/17 106/5 108/14 115/18 116/10 116/17 116/24 120/23 128/22 129/21 130/4 132/18 134/14 135/5 137/9 137/11 138/6 139/10 141/7 144/10 144/24 145/15 150/7 159/5 160/10 Italian [1] 149/20 Italy [1] 149/8 item [1] 100/14 items [1] 46/9 its [31] 3/16 6/19 7/2 9/5 9/7 9/23 11/24 11/25 12/5 18/10 27/10 33/16 36/4 38/1 42/10 42/16 42/23 43/10 44/4 44/9 46/20 46/22 55/7 55/12 59/18 63/24 71/21 71/21 125/21 126/4 130/24 itself [2] 73/21 143/17 iv [1] 20/7	IX [15] 56/25 57/2 130/13 132/7 132/9 132/20 132/22 134/8 135/19 138/14 139/16 144/15 148/15 154/18 154/18 J January [16] 6/24 55/11 68/11 69/8 72/2 72/7 84/5 107/13 107/22 108/8 141/20 141/24 142/12 147/1 148/18 161/20 January 1965 [1] 6/24 January 1972 [1] 55/11 January 1973 [2] 68/11 72/7 January 1977 [1] 84/5 January 1985 [1] 107/13 January 1986 [1] 141/20 January 1987 [3] 141/24 142/12 148/18 jaundiced [1] 71/3 John [1] 75/2 joint [1] 19/6 jointly [2] 18/25 74/21 Jopling [1] 25/8 Joseph [14] 9/10 30/2 30/7 30/10 30/23 31/1 33/13 33/13 34/1 34/1 35/6 37/5 38/12 61/25 Journal [1] 149/5 judge [2] 151/7 151/12 judged [1] 32/16 judicial [1] 10/16 July [18] 30/21 37/6 37/19 74/14 118/19 119/2 121/18 122/18 124/21 127/16 127/24 155/2 160/25 161/10 161/18 163/17 164/20 166/10 July 1973 [1] 74/14 July 1986 [3] 118/19 160/25 161/18 July 1987 [1] 121/18 July 1988 [1] 124/21 July 1991 [1] 127/16 jump [1] 74/19 June [16] 18/4 18/13 30/2 73/22 73/25 94/17 94/19 127/15 134/5 152/6 152/23 154/21 159/1 164/9 166/2 166/6 June 1980 [2] 152/6 152/23	June 1983 [2] 94/17 134/5 June 1984 [1] 18/4 just [46] 1/17 3/22 11/3 11/7 13/1 13/5 16/22 24/17 26/6 29/3 29/24 41/6 47/6 51/12 53/7 61/7 66/13 67/6 78/7 78/20 78/21 86/5 86/15 86/21 92/17 93/15 108/16 109/12 115/12 115/13 115/14 115/21 116/1 116/4 117/16 123/10 132/20 137/4 137/23 142/5 144/21 145/15 149/2 149/2 154/19 160/21 justification [2] 118/22 131/18 K keep [2] 51/2 54/1 Kenneth [1] 25/4 Kenneth Clarke [1] 25/4 kept [3] 17/24 23/9 55/16 key [4] 8/7 8/22 11/12 54/23 kind [3] 40/25 43/5 105/12 kinds [2] 40/23 41/22 Kingdom [16] 6/25 7/12 7/13 19/5 33/7 51/7 59/16 75/11 123/3 124/5 130/17 132/6 132/8 136/4 161/22 163/22 Kingdom. [1] 39/13 Kirk [2] 89/20 90/13 knew [3] 91/12 137/14 144/21 know [26] 20/5 65/20 69/15 71/13 75/22 75/24 87/5 88/25 89/8 89/13 90/13 91/13 101/18 101/21 110/12 123/1 127/8 130/2 132/11 134/13 134/18 135/7 137/11 138/13 150/13 160/12 knowledge [3] 50/12 116/15 121/7 known [12] 3/5 32/15 40/2 44/15 59/10 83/18 114/11 135/1 156/9 156/9 162/6 164/3 Knoxville [1] 84/17 Koate [2] 94/1 109/22 Kryobulin [112] 56/23 57/12 58/6 58/7 58/8	58/9 58/10 58/11 59/2 59/9 59/10 59/15 59/20 60/13 61/17 62/6 62/18 66/8 66/20 66/23 67/25 71/24 74/10 74/15 75/23 76/6 78/16 78/23 79/24 80/9 80/13 80/14 80/15 80/21 81/20 82/3 82/8 82/9 82/9 82/11 82/15 82/19 82/20 82/22 83/25 84/22 88/5 88/17 89/3 90/7 90/11 90/16 90/20 91/18 91/22 91/25 92/9 93/7 94/4 94/8 96/3 96/5 96/7 100/15 100/18 102/21 103/25 105/6 105/25 107/9 107/12 107/15 111/14 112/6 112/17 114/10 114/11 114/12 115/3 115/16 116/25 117/11 117/13 117/17 117/18 119/13 123/10 123/14 124/24 126/3 126/11 126/17 126/22 126/25 127/10 129/10 129/18 129/21 132/17 136/11 136/17 138/7 138/11 138/21 146/3 146/10 148/16 149/22 163/2 165/4 166/25 166/25 L label [2] 82/24 99/25 labelling [6] 16/4 51/14 65/10 65/13 136/25 154/4 labels [6] 63/6 63/6 66/7 69/19 70/7 166/23 Laboratories [4] 75/8 95/3 109/7 109/21 laboratory [3] 30/14 34/24 110/14 lack [3] 45/21 46/1 160/2 laid [1] 18/11 Lane [2] 105/18 105/18 Lane's [1] 69/7 language [3] 19/15 97/2 98/14 large [1] 84/18 largely [1] 153/20 larger [1] 70/22 last [6] 14/12 34/19 74/9 142/3 153/13 153/14 lasts [1] 14/10
----------	--	--	---	---	--

(55) inform... - lasts

F:

L	141/24 142/1 150/13 154/7 154/16 155/9 155/11 157/17 161/6 letters [7] 21/19 21/22 108/21 126/6 127/1 141/17 163/11 level [3] 66/24 67/1 120/8 liability [2] 52/9 89/8 licence [190] licence' [1] 2/23 licences [29] 3/8 4/9 5/3 7/17 17/11 18/6 25/1 27/4 28/6 31/23 35/10 35/12 35/13 39/23 40/16 42/25 79/16 87/1 107/7 126/16 126/21 129/18 143/18 145/7 146/8 146/9 155/21 163/14 166/14 licensed [25] 8/9 14/24 16/8 59/1 73/22 80/7 82/15 84/13 95/9 99/7 117/12 117/17 119/16 128/11 136/22 137/8 137/11 139/5 141/11 142/3 154/14 160/22 161/18 161/21 162/7 licensors [1] 57/10 licenses [1] 88/3 licensing [127] 1/11 1/15 1/21 2/20 2/24 2/24 3/14 3/17 3/25 4/17 4/21 5/1 5/13 5/22 7/14 7/24 8/9 9/8 9/25 10/3 10/22 11/1 11/18 12/3 12/7 12/8 12/12 12/22 13/3 13/10 13/19 14/2 14/17 17/14 17/25 19/8 19/25 20/5 20/18 22/3 22/5 23/14 23/23 24/16 24/19 26/4 27/24 28/1 28/9 28/18 28/24 28/25 29/7 29/10 30/8 31/21 31/21 32/1 32/14 35/8 35/14 37/1 39/3 43/13 45/12 47/5 48/2 48/3 49/5 49/24 51/13 56/11 66/7 72/25 73/8 83/15 83/16 83/22 86/4 86/6 86/18 87/6 87/15 87/15 97/6 97/25 98/5 99/1 99/5 99/23 102/8 102/15 106/16 107/5 107/13 107/19 109/17 116/11 123/8 123/20 123/23 124/17 127/6 128/2	128/14 129/15 136/9 143/17 144/11 144/24 145/19 145/19 146/5 148/23 149/11 151/13 151/20 155/14 156/12 156/15 156/24 160/6 160/12 161/2 163/1 163/12 166/18 Licensing Authority [1] 13/10 life [1] 42/24 light [2] 121/6 152/18 like [6] 11/2 13/23 46/18 54/13 62/21 94/12 liked [1] 52/22 likely [1] 148/6 limit [2] 21/4 84/22 Lindsay [1] 146/18 line [2] 85/8 152/14 lines [1] 6/5 list [11] 11/11 12/2 43/19 46/13 61/10 91/16 91/18 92/5 116/25 117/8 122/12 listed [6] 8/21 68/3 78/11 91/18 94/19 133/8 listen [1] 103/16 lists [2] 31/10 132/16 little [21] 2/13 9/10 11/3 29/18 37/3 39/17 40/13 45/17 50/1 56/19 61/8 68/23 70/12 74/19 76/11 112/3 112/25 132/20 139/6 143/23 159/23 live [1] 32/19 locate [1] 53/1 located [2] 52/18 84/13 log [4] 120/7 121/6 128/1 128/7 London [3] 59/23 60/25 61/6 long [3] 42/18 82/22 152/8 long-term [1] 82/22 longer [11] 15/22 15/24 22/6 105/22 119/15 124/4 128/1 138/16 139/3 161/13 162/3 look [24] 15/3 18/9 19/10 54/15 77/9 78/6 78/7 84/3 85/18 86/3 95/25 99/22 104/8 106/23 108/22 119/5 131/17 132/10 133/3 133/7 134/5 145/1 145/11 148/21 looked [15] 29/3	51/19 51/25 51/25 88/15 108/16 110/12 114/23 122/25 124/23 134/1 135/10 148/18 158/20 163/3 looking [5] 48/22 53/2 65/12 113/22 122/22 looks [4] 62/21 140/1 143/22 143/23 Lord [10] 2/3 2/4 2/7 2/17 8/6 8/22 11/14 13/9 18/16 38/16 Lord Fowler [4] 2/3 2/4 2/17 13/9 Lord Fowler's [6] 2/7 8/6 8/22 11/14 18/16 38/16 lose [1] 105/17 loser [1] 42/17 losing [1] 113/12 losses [1] 113/23 lost [2] 46/22 87/23 lot [3] 49/14 49/23 59/5 low [1] 147/21 lower [8] 80/18 80/20 81/5 82/12 82/21 102/18 102/20 113/10 Ltd [48] 55/10 55/12 55/14 55/19 56/2 56/17 61/23 62/22 65/19 71/18 73/13 75/8 75/8 78/24 79/10 79/11 83/24 84/6 88/25 100/16 106/11 107/5 111/13 112/22 114/6 114/18 116/14 116/23 122/17 123/8 124/23 126/4 126/8 129/12 130/13 136/7 139/7 140/10 145/24 146/4 152/7 158/15 160/23 160/25 163/11 163/14 164/22 165/1 lunch [4] 88/11 94/13 96/14 116/5 luncheon [1] 96/12 lyophilisation [1] 165/18	100/19 102/8 113/21 118/7 124/2 124/17 126/25 127/4 134/12 140/5 142/25 148/12 152/23 154/20 158/7 Madrid [1] 61/18 main [8] 35/20 48/22 50/23 56/21 57/7 72/12 101/12 153/23 mainly [2] 34/20 40/5 maintain [3] 106/1 113/13 124/13 maintained [3] 17/24 32/20 162/16 maintaining [2] 39/11 144/4 major [2] 41/19 64/20 majority [1] 32/6 make [31] 10/4 12/10 13/19 16/3 19/21 22/17 37/1 44/12 53/22 80/1 80/9 80/21 80/24 83/15 99/2 99/6 101/6 102/7 102/21 102/24 103/13 106/21 107/20 107/25 130/7 138/25 140/16 148/11 148/20 157/10 157/20 makes [4] 37/6 43/4 62/25 93/13 making [11] 4/16 29/23 52/7 53/17 75/20 91/12 100/24 101/25 138/24 146/11 161/17 man [1] 55/20 management [4] 44/16 45/1 46/5 74/23 manager [2] 55/23 56/1 managing [10] 55/19 55/22 56/6 61/23 62/23 65/19 81/18 89/1 111/12 162/21 Manchester [1] 150/22 mandatory [1] 116/16 manner [1] 69/20 Mannucci [7] 147/5 147/12 147/14 149/4 149/17 149/20 149/24 Mannucci's [1] 61/9 manufacture [8] 11/21 32/6 32/22 63/9 66/11 66/18 97/15 106/19 manufactured [4] 14/9 64/23 99/10 130/16 manufacturer [4] 13/20 13/24 20/14 23/1	manufacturer's [2] 11/23 14/1 manufacturers [5] 32/2 34/21 35/11 94/24 134/4 manufacturers' [1] 34/18 manufacturing [2] 68/22 154/4 many [9] 1/16 10/9 43/23 44/19 45/25 46/18 52/16 59/19 89/23 March [31] 28/5 34/14 73/14 73/18 73/23 73/24 74/4 87/20 88/3 91/1 91/8 91/10 94/9 111/10 114/8 117/15 117/18 118/7 119/21 120/5 124/2 131/8 135/8 138/5 139/8 139/9 151/1 154/7 162/7 165/8 165/12 March '78 [1] 88/3 March 1973 [2] 73/14 131/8 March 1978 [3] 91/1 91/8 91/10 March 1981 [1] 28/5 March 1983 [1] 94/9 March 1985 [4] 111/10 117/15 117/18 135/8 March 1986 [2] 119/21 120/5 March 1988 [1] 124/2 marked [2] 41/15 109/2 marker [5] 109/6 109/8 109/9 109/11 109/25 market [22] 4/25 7/7 26/9 48/23 56/22 57/9 59/12 74/15 80/20 82/20 82/23 101/10 102/20 105/18 106/1 117/9 126/4 126/11 128/13 139/17 150/18 166/5 marketing [4] 32/12 55/23 56/1 147/18 Mary [2] 106/9 108/19 mass [1] 53/3 material [25] 15/18 21/23 34/6 52/18 53/12 63/1 77/23 80/19 80/20 80/22 89/6 89/10 100/25 102/19 102/20 102/22 110/15 111/21 113/16 113/21 114/1 114/3 116/6 151/11 152/16
----------	--	---	---	--	---

(56) later - material

F:

M	mechanisms [1] 7/16	memo [1] 119/11	143/19	Monoclate [1] 128/6	Mr Coombes' [1] 56/1
materials [11] 5/5 5/6	medical [8] 6/1 6/6	memorandum [3]	mid-1970s [1] 166/5	month [8] 62/17 77/5	Mr Hill [1] 1/5
32/9 33/20 35/1 49/18	36/15 40/7 68/19 84/6	76/12 81/16 81/23	middle [1] 129/5	78/12 78/16 78/19	Mr Lendvay [1] 81/22
50/16 51/17 53/3	152/9 159/4	men [1] 56/2	might [19] 10/23 14/7	107/8 140/9 166/8	Mr Newcession [1]
118/18 133/9	medicinal [30] 2/22	mention [1] 98/21	18/7 22/5 25/22 26/14	month's [1] 42/25	61/6
matter [6] 13/7 22/4	5/23 6/21 7/19 15/21	mentioned [9] 11/13	28/25 29/6 32/24	monthly [1] 76/19	Mr Nicholson [5]
29/6 54/11 109/18	16/25 19/23 20/2	13/9 38/15 48/6 50/11	42/21 62/10 88/21	months [9] 21/1 21/13	106/10 106/13 114/9
139/1	20/12 20/16 20/21	61/25 71/19 75/22	98/2 98/11 143/23	21/14 76/22 89/17	136/7 143/1
matters [7] 4/17 12/4	22/6 22/18 22/19	116/7	145/5 156/4 156/5	89/18 113/17 115/22	Mr Nicholson's [1]
28/25 30/5 41/9 49/5	22/25 23/4 23/5 23/16	merely [3] 30/7 82/1	156/6	121/13	137/19
145/20	23/20 23/24 31/20	113/23	mightn't [1] 62/13	more [34] 2/13 11/3	Mr Thomas' [1] 111/6
may [54] 1/24 4/7	32/10 47/5 97/8 97/10	met [3] 151/12 151/13	Milan [2] 61/9 61/10	12/23 13/2 22/23	Mrs [5] 56/10 66/6
10/12 13/17 15/8	97/13 97/23 98/1 98/6	162/25	Miles [4] 95/3 108/24	38/10 40/10 41/1	81/21 103/24 136/9
18/11 18/12 24/6	98/9	method [26] 57/22	109/7 109/21	41/20 45/5 45/8 46/22	Mrs Diernhofer [4]
25/14 26/3 29/12 33/7	medicine [5] 4/15	58/5 58/7 58/8 58/9	mill [1] 42/21	48/2 49/19 49/20 50/1	66/6 81/21 103/24
47/3 47/3 52/24 52/25	40/25 41/2 42/21	58/12 65/15 71/20	millibars [3] 104/19	64/25 71/20 85/8	136/9
53/18 53/18 54/2 58/5	45/10	79/2 97/15 97/15	162/9 162/11	85/15 86/15 86/21	Ms [2] 53/15 83/2
60/10 60/25 60/25	medicines [100] 2/21	113/13 114/16 115/6	million [17] 42/22	92/8 98/2 98/10 98/14	Ms Diernhofer [1]
62/12 68/1 83/18	3/2 3/3 3/5 3/9 3/18	115/23 119/20 120/24	42/23 75/25 76/5	101/6 109/23 109/24	83/2
94/13 100/25 105/10	4/1 4/2 4/4 4/12 4/13	127/3 128/11 135/2	78/21 78/22 93/2 95/5	145/5 146/15 151/17	Ms Richards [1]
106/15 115/8 116/19	4/18 4/23 4/25 5/1 5/7	145/2 145/2 158/11	96/5 96/6 133/16	151/22 165/1	53/15
116/19 126/25 127/4	5/9 5/15 5/24 6/14	159/15 159/22 161/23	134/7 134/20 139/18	morning [1] 113/5	much [12] 7/24 26/4
134/9 135/21 137/2	6/18 7/3 8/13 8/15	methods [10] 11/20	152/3 153/12 153/15	most [14] 19/8 19/9	37/21 41/1 48/2 50/5
137/18 138/13 139/1	8/16 8/16 8/23 9/1	58/2 63/9 63/10	millions [1] 43/1	35/20 40/5 93/3 93/4	50/10 50/21 67/17
143/25 144/17 144/20	9/13 9/19 10/7 11/4	104/15 105/3 105/9	mind [4] 51/2 54/1	93/13 109/20 109/23	92/9 165/3 167/4
144/22 145/9 149/12	12/14 13/13 13/15	105/13 146/5 146/16	55/17 116/1	110/13 111/19 112/11	muscles [1] 64/19
150/11 150/12 151/5	16/10 17/11 18/5 19/1	MHRA0003321 [1]	mindful [1] 5/16	119/25 132/22	must [3] 71/12 109/15
157/6 164/3 165/21	24/25 27/4 28/6 30/16	79/5	minds [3] 26/15 73/11	move [4] 1/6 100/4	125/20
165/24	30/18 30/22 31/22	MHRA0003323 [1]	144/23	129/8 140/1	my [14] 10/8 26/20
May 1990 [2] 126/25	33/2 35/4 35/8 35/16	65/23	minimal [1] 68/22	moved [1] 160/13	31/7 60/3 60/11 66/13
127/4	36/6 36/13 36/16	MHRA0019502 [1]	minister [8] 2/25 3/12	moving [2] 48/7	73/17 74/1 76/16 83/8
Maycock [8] 69/5 69/7	36/19 36/21 38/25	108/9	4/10 9/24 10/2 18/21	114/14	100/7 100/16 116/1
69/16 70/21 70/22	39/1 39/3 39/6 39/9	MHRA0027402 [1]	25/4 25/8	Mr [48] 1/5 56/1 61/6	152/12
72/1 73/11 74/13	39/12 39/18 39/23	165/15	ministerial [1] 4/6	61/23 62/3 62/23 66/5	myself [1] 53/15
Maycock's [1] 69/14	39/24 40/2 40/3 40/11	MHRA0029398 [1]	ministers [11] 3/13	81/22 81/25 82/1 85/9	
mbar [3] 104/17	41/20 42/18 43/18	165/11	4/12 4/16 4/20 8/11	85/21 89/1 100/23	N
104/24 104/25	44/3 45/8 45/24 46/19	MHRA0033300 [1]	10/3 16/2 18/15 27/3	101/15 101/19 101/20	nadir [1] 112/12
MCA [4] 4/5 128/23	47/22 47/25 85/17	142/19	39/5 39/23	103/6 103/7 103/23	naive [1] 121/12
129/3 129/19	108/14 110/25 111/2	MHRA0033319 [5]	Ministers' [2] 3/10	105/15 106/10 106/13	name [16] 20/9 20/13
McGrath [1] 89/20	118/17 127/7 127/9	120/11 121/20 123/15	3/11	107/22 111/6 111/11	22/25 23/1 23/4 55/12
McGrath's [1] 90/10	127/15 128/16 128/18	124/8 163/5	Ministry [1] 113/20	111/12 112/4 112/4	55/24 57/23 61/10
me [17] 31/1 57/5	131/11 143/7 151/3	MHRA0033320 [4]	minor [1] 111/15	114/9 116/24 117/6	79/10 79/17 83/25
57/6 73/7 73/10 81/14	153/7 155/2 155/13	108/4 118/8 119/1	minute [3] 94/19	119/22 122/17 126/15	88/25 108/13 114/12
81/18 86/5 86/6 86/10	157/9 157/20 157/24	120/20	94/22 102/2	127/23 128/9 131/7	150/15
86/13 93/9 115/14	158/4 158/25 161/5	MHRA0033321 [8]	minutes [6] 37/18	131/22 133/20 136/7	named [35] 16/17
116/9 130/2 141/21	164/24 165/23	79/5 79/8 79/20 90/23	72/20 72/22 76/16	137/19 140/19 143/1	16/18 17/10 19/18
157/4	Medicines	94/6 94/10 102/10	100/8 100/14	152/7 152/18 155/9	19/21 21/5 21/8 21/9
mean [10] 7/11 12/17	Commission [1] 9/13	123/17	misleading [1] 70/5	157/9	21/23 25/23 26/23
25/21 53/7 54/9 60/1	Medicines' [1] 68/10	MHRA0033322 [4]	misnomer [2] 118/24	Mr Berry [29] 61/23	27/19 27/20 29/13
67/8 70/23 144/19	meeting [17] 30/20	68/13 69/13 74/7	161/8	62/3 62/23 66/5 81/25	60/15 62/6 62/10
148/22	30/23 37/7 37/20 72/7	74/16	missing [1] 52/24	82/1 85/9 85/21 89/1	88/18 90/17 118/4
meaning [1] 153/21	72/20 73/3 81/16 82/1	MHRA0033323 [1]	mistake [1] 134/18	100/23 101/15 101/19	125/3 136/4 137/5
means [3] 24/14	94/17 100/8 103/24	61/21	mix [1] 136/25	101/20 103/6 103/7	137/9 137/12 138/20
35/25 44/9	105/8 106/7 123/7	MHRA0033325 [1]	modification [2]	103/23 105/15 107/22	139/4 141/3 153/10
meant [4] 4/8 13/14	163/3 164/23	62/19	111/17 111/19	111/11 112/4 119/22	155/18 155/25 156/13
156/24 166/1	meetings [2] 50/19	MHRA0034575 [3]	moist [1] 57/23	131/7 131/22 133/20	159/2 166/13 166/16
measure [2] 36/1	128/16	127/19 143/15 164/12	moisture [2] 118/12	140/19 152/7 152/18	named-patient [4]
112/17	member [4] 7/5 7/7	Mibachan [1] 60/24	120/14	155/9 157/9	26/23 27/20 29/13
measured [1] 42/10	7/9 7/17	Michael [1] 25/8	moment [7] 83/9	Mr Coombes [8]	90/17
measures [3] 7/15	members [6] 6/20	mid [3] 55/25 143/19	84/25 90/2 115/13	111/12 112/4 116/24	named-person [1]
121/9 159/17	36/4 37/25 69/4 123/8	166/5	130/4 137/4 142/5	117/6 122/17 126/15	25/23
	162/25	mid-'80s [2] 55/25	monitoring [1] 47/17	127/23 128/9	namely [1] 40/6

(57) materials - namely

F:

N	95/23 117/22 119/17 127/5 159/20 166/21 NHS [1] 153/12 NIBSC [19] 6/10 6/19 10/23 30/13 31/2 31/7 31/16 31/19 31/25 32/3 33/1 33/15 34/5 34/13 34/25 36/17 62/1 89/20 90/11 Nicholas [1] 25/6 Nicholson [7] 55/25 106/10 106/11 106/13 114/9 136/7 143/1 Nicholson's [1] 137/19 nil [2] 77/10 77/10 nine [2] 153/4 159/2 no [52] 7/6 7/9 7/11 10/16 15/22 15/24 17/17 21/15 22/6 26/12 44/8 52/10 52/18 60/16 62/5 70/20 78/18 81/25 85/4 89/13 89/24 93/24 99/12 101/19 105/22 110/14 111/2 112/2 113/11 116/6 116/8 116/13 119/14 124/4 128/1 129/11 129/23 138/16 138/25 139/3 139/16 140/15 145/12 145/15 148/12 153/21 155/23 156/5 161/12 162/3 163/8 164/6 no. [1] 136/18 no. on [1] 136/18 nodding [1] 38/3 non [16] 11/11 12/2 57/13 113/14 113/14 117/11 126/19 127/21 127/21 139/2 141/12 141/13 142/9 142/22 143/18 158/8 non A [1] 113/14 non B [1] 113/14 non-A [1] 127/21 non-B [1] 127/21 non-heat-treated [8] 126/19 139/2 141/12 141/13 142/9 142/22 143/18 158/8 non-treated [1] 117/11 none [3] 5/15 44/11 93/17 nonetheless [2] 118/4 136/3 nor [3] 42/16 83/11 113/11 normal [2] 4/5 159/14 normally [1] 78/3	Norman [4] 55/20 65/18 74/14 103/5 Norman Berry [1] 74/14 Northern [8] 3/13 18/23 18/24 25/10 25/11 92/15 93/10 93/14 Northern Ireland [7] 18/23 18/24 25/10 25/11 92/15 93/10 93/14 nos [1] 136/16 not [143] 1/14 1/23 2/22 4/9 10/11 10/15 12/7 12/9 12/12 12/22 12/23 13/3 13/4 13/10 14/16 19/10 20/23 20/25 22/11 22/16 23/14 23/18 23/22 24/1 24/18 26/2 28/2 28/3 28/19 29/1 29/8 32/12 35/24 37/17 40/17 42/14 43/5 43/9 46/15 47/3 47/3 47/6 48/18 49/15 50/2 50/10 51/11 51/21 52/6 52/7 52/21 53/4 53/8 53/14 53/25 54/9 54/9 55/1 58/20 59/4 67/5 70/16 72/2 72/16 72/18 77/5 77/19 78/2 80/12 84/2 84/22 85/15 87/24 88/14 88/15 88/17 90/6 90/16 92/5 95/7 101/12 101/21 105/17 105/19 105/20 105/22 109/18 109/25 111/1 113/7 114/11 116/10 116/19 117/25 118/14 119/16 121/13 122/15 123/9 123/18 123/25 124/12 125/19 125/24 126/22 128/3 128/23 129/7 129/14 135/5 135/17 136/12 136/21 137/11 139/5 139/21 140/5 140/22 141/4 141/25 143/25 144/1 144/5 145/8 147/17 147/20 148/15 148/22 151/9 153/5 155/16 155/17 156/3 156/8 156/9 156/10 156/17 158/18 159/16 160/19 163/22 164/16 164/18 notably [1] 155/21 note [21] 7/21 16/2 16/8 47/21 48/7 53/21 54/23 72/22 74/8 82/6 93/22 93/22 96/8	103/21 104/13 126/14 134/20 135/8 153/3 155/21 166/14 noted [8] 81/3 85/9 118/13 118/23 124/16 128/5 153/9 154/1 notes [2] 68/14 160/1 nothing [1] 98/4 notice [9] 20/1 20/6 20/9 20/18 20/23 23/17 24/4 24/15 155/16 notification [2] 28/3 150/14 Notifications [1] 41/5 notified [4] 27/24 114/9 156/25 157/1 notwithstanding [1] 44/6 novel [1] 40/25 November [25] 17/9 50/8 75/7 76/16 81/2 81/19 83/1 83/13 83/24 88/22 89/14 95/12 103/9 103/22 104/8 106/6 107/24 108/16 117/8 117/21 134/23 135/6 141/16 141/25 162/23 November '84 [1] 135/6 November 1976 [5] 83/1 83/13 88/22 89/14 103/9 November 1978 [1] 17/9 November 1984 [2] 104/8 134/23 November 1985 [1] 141/16 November 1989 [3] 117/8 117/21 141/25 now [56] 11/2 13/14 19/20 20/6 24/6 29/18 33/25 40/9 48/2 48/6 54/22 55/24 58/7 61/5 61/12 61/14 62/16 67/20 74/15 76/9 80/11 84/3 85/2 85/8 85/22 90/5 92/8 93/10 94/3 100/17 103/18 108/22 109/14 113/22 115/20 116/22 119/8 119/14 120/21 120/21 124/2 125/21 130/12 134/13 138/4 138/25 139/13 139/15 142/16 147/3 148/11 150/3 155/12 156/16 161/25 166/1 number [14] 3/4 6/18 15/16 39/25 40/21	66/14 71/23 73/16 74/12 87/1 122/10 137/16 157/25 159/7 number 4 [1] 66/14 number and [1] 122/10 number of [2] 40/21 74/12 number on [1] 137/16 number: [1] 79/23 number: 0215/0003 [1] 79/23 numbers [2] 41/24 136/17 numbers of [1] 41/24 O o'clock [2] 167/5 167/5 object [1] 101/12 objection [3] 62/5 103/15 103/17 obligation [1] 29/9 observations [1] 148/12 observed [1] 67/24 obtain [3] 119/13 125/15 165/6 obtainable [2] 84/12 84/23 obtained [7] 68/16 72/5 80/5 81/14 89/7 111/24 115/21 obtaining [1] 84/15 obvious [3] 103/3 109/4 112/9 obviously [3] 26/19 29/5 49/14 occasion [2] 21/6 37/22 occasions [1] 37/22 occur [2] 68/1 164/3 occurred [1] 54/3 October [22] 33/15 74/19 76/17 76/22 77/9 78/25 79/1 79/4 90/25 91/7 114/14 117/20 154/8 154/16 157/8 157/14 157/15 157/18 160/9 160/19 164/23 166/9 October 1973 [1] 74/19 October 1975 [1] 79/4 October 1978 [2] 90/25 91/7 October 1985 [2] 114/14 160/19 October 1986 [1] 117/20 October: [1] 77/3 October: 271,902 [1]	77/3 odd [1] 137/6 off [1] 10/8 offer [2] 17/22 22/21 offers [1] 118/14 Office [2] 74/21 76/5 officer [4] 6/6 6/7 40/7 84/6 officers [1] 40/6 officially [1] 111/18 officials [8] 3/2 4/2 4/4 4/9 5/19 5/23 8/12 8/19 often [1] 51/11 Oh [1] 77/11 old [2] 15/5 39/1 omissions [1] 46/13 omitted [1] 70/2 once [2] 20/5 32/21 one [57] 3/15 5/11 10/1 11/7 13/5 13/17 16/14 17/5 21/6 31/11 40/17 41/14 44/4 44/8 46/19 50/15 55/18 55/23 60/21 60/25 69/4 72/8 75/6 85/19 86/10 86/11 88/18 90/6 92/15 92/16 93/8 99/14 99/15 100/4 105/4 109/9 110/4 110/8 122/21 125/16 128/25 129/6 131/4 133/8 135/15 135/24 142/12 142/13 145/23 146/11 146/15 148/21 159/8 160/23 163/18 163/18 164/15 ones [3] 8/23 88/5 145/21 ongoing [1] 29/9 only [28] 17/19 22/20 25/16 32/21 67/5 75/15 102/5 109/9 109/10 109/25 110/5 124/25 125/9 133/21 133/22 134/17 137/5 138/19 144/13 148/5 152/16 156/4 159/12 160/21 161/11 162/12 162/13 166/6 onscreen [14] 18/7 66/3 74/17 89/15 91/15 100/5 102/9 103/19 111/9 116/22 124/20 131/6 133/24 136/5 onto [2] 63/18 63/25 onwards [1] 59/13 open [1] 100/1 opened [1] 26/14 opening [1] 138/5 operated [4] 5/23 19/4
----------	---	---	---	--	--

(58) names - operated

F:

O	27/22 28/7 28/13 29/3 32/11 32/15 32/24 57/16 106/1 113/8 115/4 115/18 125/10 126/10 135/20 156/23 157/20 158/4 order' [1] 32/15 orders [4] 27/3 29/15 32/16 157/6 Organisation [1] 92/14 organisational [1] 47/12 organisations [2] 49/11 52/20 organised [1] 5/25 origin [3] 80/18 95/18 102/18 original [5] 57/11 81/12 88/24 96/19 98/19 originally [2] 55/9 81/8 other [43] 8/11 28/24 29/6 32/19 33/7 37/22 39/9 46/1 48/4 49/10 53/19 53/19 55/23 69/5 75/22 75/24 77/21 77/23 81/10 83/10 91/13 101/9 101/14 102/7 104/14 105/6 109/4 117/6 129/3 138/10 139/20 139/22 140/3 145/20 149/2 154/12 155/21 156/5 156/11 159/19 160/14 162/4 163/20 others [12] 26/19 46/7 46/21 49/20 49/21 53/18 54/6 55/14 81/21 85/18 103/24 149/4 otherwise [3] 5/18 52/9 131/20 Otto [1] 56/5 ought [1] 156/9 our [41] 2/10 8/22 10/12 15/7 19/7 21/5 21/7 27/17 31/10 43/21 44/1 46/12 53/10 53/11 53/18 53/21 67/12 85/13 89/8 105/16 106/1 106/15 112/11 112/12 112/15 112/19 113/24 125/25 136/12 138/14 138/15 138/17 139/18 152/9 152/13 152/14 161/25 162/14 162/17 163/15 166/3 ours [1] 125/14 out [33] 6/17 10/21	10/25 15/12 17/7 19/19 26/25 30/11 33/1 33/24 34/8 36/5 41/6 65/5 65/12 72/23 76/18 77/14 80/16 83/17 88/25 90/3 95/24 97/25 98/9 100/17 105/23 111/1 121/14 124/4 126/9 159/19 163/14 outcome [1] 10/10 outer [1] 63/6 outline [2] 11/2 49/13 outside [1] 5/9 oven [1] 57/24 over [25] 19/11 27/2 29/15 40/11 41/11 42/4 45/17 45/19 48/17 52/4 57/8 63/12 64/17 68/3 78/20 78/21 88/11 118/15 127/20 128/7 138/14 139/15 153/14 162/2 162/5 over-formalised [1] 45/17 over-zealous [1] 45/19 overall [3] 42/2 44/3 58/21 overlap [1] 49/15 overload [2] 39/4 44/17 overseas [1] 52/18 overview [7] 1/11 1/18 2/2 2/13 16/7 48/2 141/9 own [3] 26/19 43/21 53/23 owning [1] 54/19 Oxford [2] 62/15 133/6 OXUH0000212 [3] 133/3 133/4 152/1	61/2 61/7 61/11 63/12 63/18 63/25 64/5 64/15 64/21 65/1 65/2 65/9 65/14 66/5 66/10 67/20 68/3 70/9 72/15 82/5 91/17 92/2 94/6 95/23 97/1 100/13 100/14 104/2 104/2 112/4 112/25 117/4 120/25 122/5 133/7 133/12 134/4 141/7 152/3 159/7 159/20 page 1 [1] 61/2 page 10 [2] 38/21 64/21 page 11 [4] 39/18 40/13 65/2 97/1 Page 12 [1] 65/9 page 13 [3] 43/8 65/14 72/15 page 2 [3] 100/13 100/14 134/4 page 25 [1] 66/10 page 29 [1] 67/20 page 3 [3] 120/25 133/7 152/3 page 30 [1] 70/9 page 35 [1] 2/16 page 39 [1] 59/14 page 4 [1] 59/18 page 44 [1] 37/4 page 5 [1] 133/12 page 54 [1] 40/10 page 6 [3] 61/11 64/5 91/17 page 7 [1] 47/8 page 8 [1] 31/1 page 80 [2] 117/4 141/7 page of [1] 38/18 page this [1] 66/5 page to [1] 64/15 pages [4] 11/7 47/7 64/18 149/6 pages 6 [1] 47/7 panic [1] 111/20 papers [12] 15/3 28/8 36/24 38/4 38/5 38/6 38/7 51/11 72/16 78/10 148/14 160/10 paragraph [24] 20/19 20/23 23/22 24/23 30/10 30/25 31/12 33/9 33/11 33/25 37/4 37/9 39/16 39/20 40/15 43/4 43/15 46/10 113/19 138/5 139/11 139/11 140/6 159/7 paragraph 0.2 [1] 30/10 paragraph 1 [2] 20/19	20/23 Paragraph 2.15 [1] 33/11 paragraph 2.2 [2] 39/16 39/20 paragraph 2.20 [2] 33/9 33/25 Paragraph 2.6 [1] 43/4 paragraph 2.7 [1] 30/25 Paragraph 3.1 [1] 43/15 paragraph 3.4 [1] 46/10 Paragraph 3.52 [1] 37/9 paragraph 3.53 [1] 37/4 paragraph 7.1 [1] 159/7 paragraph below [1] 113/19 paragraph concerns [1] 139/11 paragraph informs [1] 138/5 paragraph is [1] 140/6 paragraphs [3] 23/22 69/24 155/11 parallel [3] 6/1 158/9 158/14 parent [4] 51/3 51/6 51/11 55/8 Parliament [1] 18/12 part [17] 10/25 14/4 31/25 39/21 52/1 52/10 55/1 65/6 66/12 67/21 94/18 97/5 99/19 102/14 125/25 153/2 157/13 partially [1] 32/25 Participant [1] 103/14 Participants [2] 52/13 53/22 particular [27] 1/12 5/20 8/10 10/13 12/11 16/16 17/1 42/9 48/24 50/14 51/1 51/1 51/17 86/11 87/14 94/2 95/12 97/7 97/23 98/7 99/3 99/24 110/10 130/24 130/25 133/6 154/1 particularly [10] 2/6 36/20 46/15 49/8 95/13 96/22 106/9 109/16 110/8 136/8 particulars [2] 63/5 63/14 party [2] 99/7 157/23	past [2] 15/1 130/8 Pasteurised [2] 147/8 147/20 pasturisation [1] 129/2 patent [5] 42/24 105/11 105/12 114/21 114/25 patents [1] 105/14 pathological [1] 67/1 patient [35] 16/17 16/19 17/1 17/10 19/18 21/5 21/9 21/23 26/23 27/19 27/20 27/20 29/13 60/15 62/10 88/18 90/17 118/4 125/3 136/4 137/5 137/9 137/12 138/20 139/5 141/3 153/10 155/18 155/25 156/7 156/13 159/2 162/14 166/13 166/16 patients [21] 17/6 21/9 57/3 62/7 64/10 83/6 92/20 92/25 93/12 93/17 113/17 121/12 132/9 133/9 133/10 133/15 134/10 149/8 150/21 152/13 154/18 patients' [1] 42/18 pattern [2] 1/8 146/2 paucity [2] 110/10 112/8 pause [9] 7/21 41/6 43/19 76/19 104/13 107/18 115/12 148/11 155/20 pausing [1] 137/4 payable [1] 89/13 pence [1] 162/16 pending [2] 69/2 72/18 Penrose [1] 146/18 people [10] 38/8 43/12 49/11 51/24 59/6 120/21 123/19 128/20 130/7 145/24 per [10] 18/16 42/2 42/23 77/14 77/17 77/22 77/25 96/7 113/3 162/16 perceived [1] 43/18 perfectly [1] 137/11 perform [1] 3/16 performed [2] 3/19 159/22 perhaps [8] 1/16 42/23 48/17 56/19 70/9 88/20 146/11 147/2 period [19] 3/19 32/3
----------	---	---	---	--	--

(59) operated... - period

P	48/17 55/7 59/5 85/16 87/2 106/7 107/4 123/11 123/21 129/5 135/14 159/1 164/21 placed [6] 7/7 52/15 52/16 75/7 75/21 99/25 plainly [1] 73/11 plasma [51] 49/9 66/20 66/22 68/16 80/4 80/5 80/8 80/9 80/13 80/14 80/15 80/18 81/1 81/4 82/5 82/11 82/16 84/8 84/12 84/15 85/10 85/12 85/23 87/2 87/17 87/17 88/17 89/7 90/12 91/19 91/23 95/15 95/17 95/17 95/18 96/4 96/6 96/8 100/19 100/21 101/11 102/11 102/18 102/25 121/3 133/21 133/23 134/12 134/17 164/3 164/18 plasma-based [2] 80/13 80/14 plasmapheresis [5] 68/16 80/5 80/7 84/9 84/13 play [1] 31/25 please [82] 2/15 18/8 19/13 29/25 30/9 33/11 37/4 38/17 38/21 39/16 41/12 43/7 47/8 47/9 59/17 59/19 61/8 61/11 61/21 62/19 63/12 63/14 63/18 63/25 64/5 64/21 65/2 65/9 65/14 66/3 66/10 67/20 74/17 76/9 79/19 82/5 89/8 89/16 91/15 91/17 92/2 92/11 92/22 93/8 94/3 94/25 95/23 96/25 97/19 100/6 100/13 102/9 102/12 103/19 104/1 108/8 111/9 117/5 120/19 120/25 121/19 124/20 131/6 133/7 133/12 133/24 134/4 136/5 140/18 141/6 142/17 146/20 152/1 152/3 152/5 155/7 157/16 159/5 159/7 159/8 159/20 161/14 pleased [2] 11/5 11/6 plus [1] 52/23 pm [5] 96/11 96/13 130/9 130/11 167/6	point [36] 13/8 19/19 20/10 24/22 38/12 41/6 43/4 51/1 68/3 77/18 77/21 79/12 82/3 90/6 90/13 90/18 90/20 91/6 93/23 95/21 95/24 97/20 98/24 101/14 102/7 115/8 122/4 124/10 131/17 144/21 146/11 147/24 148/20 157/18 165/21 166/10 pointed [2] 100/17 124/4 points [11] 2/14 8/7 11/8 56/15 56/19 58/17 91/1 94/5 98/22 118/10 122/2 policy [1] 162/1 pool [8] 68/14 68/17 70/13 70/22 70/24 71/2 71/7 71/13 pooled [3] 66/20 95/15 95/17 poor [2] 45/25 112/15 position [7] 2/7 16/11 17/7 27/7 106/1 114/1 149/20 positions [1] 30/11 positive [3] 28/22 67/1 70/16 positivity [1] 90/1 possibility [2] 26/14 137/13 possible [10] 52/21 58/19 78/2 80/17 94/20 102/13 102/17 111/22 119/14 144/3 possibly [3] 118/5 125/3 148/3 post [1] 87/23 potency [5] 6/15 33/4 33/8 34/4 36/1 potential [2] 26/6 143/12 potentially [2] 32/18 115/1 pounds [1] 43/1 power [2] 15/11 15/13 powers [6] 16/3 16/4 18/25 29/10 45/13 52/19 pp [1] 69/24 practical [1] 116/17 practically [1] 132/6 practice [11] 3/1 3/16 4/1 4/15 8/12 9/11 19/4 29/19 35/16 38/11 159/14 pre [4] 1/24 53/25 144/17 156/21 pre-dates [1] 156/21	pre-empt [3] 1/24 53/25 144/17 precautions [5] 67/3 68/5 121/2 130/19 154/23 preceding [1] 23/21 precisely [4] 21/7 22/11 47/21 148/1 preclude [1] 156/5 precluded [1] 164/2 predecessor [1] 69/7 predicted [1] 139/15 predominantly [1] 57/1 preface [1] 58/4 preference [2] 80/19 102/19 premature [1] 44/20 premises [3] 11/23 14/1 72/24 premotion [1] 45/14 preparation [5] 69/22 70/14 71/20 100/19 122/1 preparations [1] 34/22 prepared [10] 43/14 66/20 68/11 90/8 119/7 135/6 153/9 153/17 156/17 159/9 preparing [3] 33/22 124/6 134/23 prescribed [1] 14/3 presence [3] 67/18 79/2 120/14 present [15] 1/11 15/9 41/21 46/23 54/16 80/4 80/24 81/20 90/8 95/24 100/10 103/23 121/7 138/15 157/24 presentation [13] 1/3 1/23 16/23 48/1 49/1 50/9 50/9 50/15 54/13 55/13 56/23 166/21 168/4 presentations [16] 1/6 1/19 13/18 25/19 48/15 48/21 49/4 50/20 51/23 52/10 52/14 53/17 54/1 54/7 54/24 95/12 presented [11] 35/19 37/7 37/23 54/5 57/9 57/10 69/21 107/21 158/3 164/17 165/17 pressing [1] 111/4 pressure [6] 104/19 104/20 104/22 105/5 162/9 162/11 Preston [1] 157/23 presumably [5] 60/14 118/4 125/2 136/4	141/3 presumed [1] 165/18 pretty [2] 67/17 165/3 prevented [1] 155/17 preventing [1] 69/22 previous [10] 19/16 21/24 25/2 85/9 116/11 134/15 140/5 140/8 140/9 156/23 previously [5] 20/4 47/24 55/23 149/7 166/16 price [19] 12/10 12/11 12/13 14/6 91/16 91/18 92/4 92/5 92/6 99/2 99/4 99/11 100/2 101/3 106/2 113/8 114/4 140/1 162/15 priced [4] 80/20 82/21 101/5 102/20 prices [8] 80/18 92/2 100/18 101/3 102/18 113/10 139/19 139/20 pricing [2] 77/24 113/1 primacy [1] 98/22 primarily [2] 149/25 150/8 primary [2] 21/25 35/7 principal [7] 6/6 40/6 44/14 45/23 46/6 55/7 145/21 principle [1] 2/25 principles [1] 4/6 prior [8] 19/25 20/6 20/9 24/4 30/4 95/15 147/18 148/7 priority [1] 125/10 probably [5] 34/20 40/2 132/18 136/20 144/15 problem [2] 40/14 41/22 problems [4] 42/8 43/17 44/5 139/20 procedure [3] 26/4 28/4 28/22 procedures [6] 15/12 15/13 45/17 47/14 104/5 122/13 process [36] 11/1 15/10 29/16 29/19 30/8 32/1 32/5 32/8 38/3 45/10 49/24 49/25 51/13 51/20 53/14 68/22 91/2 106/18 108/6 116/16 118/13 118/22 121/4 123/20 129/25 132/3 135/23 138/17 154/4 156/14 157/12 160/12 160/15 164/17 165/18	166/18 processed [2] 87/24 89/6 processes [2] 29/21 158/13 processing [1] 95/16 produce [5] 49/9 87/7 124/14 161/13 162/3 produced [8] 32/23 41/21 70/7 80/18 81/4 102/18 109/14 148/5 producing [2] 59/9 109/1 product [267] production [5] 36/13 56/6 66/22 81/19 106/17 products [139] 5/2 5/23 6/17 6/21 7/19 8/8 11/18 11/21 15/21 15/23 16/7 17/10 17/18 25/25 26/2 26/5 26/7 30/19 31/6 31/11 31/20 31/24 32/3 32/11 32/17 32/19 33/2 33/4 33/12 33/14 33/19 33/21 33/22 34/2 34/5 34/19 34/23 35/13 35/21 35/22 35/23 35/24 36/3 47/5 47/6 48/23 49/6 49/6 49/8 49/9 50/13 55/3 55/10 56/21 57/7 57/8 57/22 58/3 58/22 58/22 58/23 59/1 59/24 62/1 62/22 64/1 65/19 71/18 73/13 75/8 75/23 77/1 78/11 78/24 79/10 87/2 92/24 93/14 95/2 95/16 97/8 97/10 97/12 97/13 97/16 97/17 97/23 98/1 98/6 98/9 100/5 101/5 104/3 105/2 105/6 105/17 105/19 105/22 108/1 108/12 110/23 113/22 115/9 117/9 117/10 117/24 118/1 122/23 122/24 123/1 125/9 125/18 128/25 130/13 131/13 132/15 135/12 135/19 135/20 136/19 136/22 137/8 140/24 141/2 141/9 141/10 143/25 144/13 145/13 146/24 147/3 147/17 148/1 160/13 160/14 163/16 166/15 166/19 166/23 professional [8] 6/4 6/5 36/17 41/16 44/23
----------	--	---	---	--	--

(60) period... - professional

P	130/1 130/12 130/14 130/24 131/10 132/7 132/24 133/8 133/11 133/18 133/22 134/6 134/12 134/24 135/15 136/2 136/12 136/18 138/14 138/18 139/3 139/4 139/25 140/11 140/22 141/2 141/11 141/14 141/20 141/23 142/3 142/6 143/5 146/2 146/9 148/15 150/2 155/22 158/21 163/2 163/6 165/4 protocols [2] 32/4 32/21 prove [2] 70/4 147/24 proven [1] 82/16 provide [9] 2/12 20/8 29/20 38/10 75/14 80/12 115/5 123/23 151/17 provided [34] 2/2 9/13 10/22 12/8 12/15 17/19 27/25 32/22 37/25 56/21 63/4 69/3 84/1 98/4 108/7 108/23 109/20 110/9 110/11 111/7 112/23 125/2 126/3 132/23 134/21 136/24 141/18 141/23 143/10 154/3 164/13 164/15 166/7 166/11 provides [5] 11/11 24/15 66/16 125/24 141/8 providing [7] 28/15 101/5 112/9 122/15 124/23 134/2 154/9 provision [11] 15/19 17/2 21/2 22/1 22/10 22/14 22/15 22/22 23/8 24/13 73/1 provisional [4] 12/10 13/20 99/3 151/3 provisions [12] 11/4 14/20 16/21 18/3 23/17 27/7 29/17 46/20 72/8 72/14 97/4 97/16 PRSE0000177 [1] 18/8 PRSE0002530 [3] 114/13 137/3 138/3 PRSE302445 [1] 147/13 public [5] 30/14 42/17 44/10 99/9 103/11 publication [4] 82/12 82/13 82/14 82/18 published [1] 38/19	purely [1] 79/16 purity [3] 6/15 33/8 34/4 purpose [7] 97/23 98/3 98/7 98/11 98/12 102/1 130/25 purposes [12] 7/14 8/22 15/24 15/25 16/15 16/22 30/5 31/10 31/16 73/17 95/25 97/11 pursuit [1] 45/19 put [8] 18/2 99/20 101/10 107/6 110/24 159/5 161/8 167/1 putting [1] 124/15 puzzled [1] 116/1 PW [1] 38/19 PW Cunliffe [1] 38/19	Q qualification [1] 11/24 quality [33] 4/24 5/6 5/8 6/12 6/15 7/23 11/13 13/11 22/9 24/2 26/8 32/10 32/23 39/12 45/25 65/3 86/7 96/15 97/13 97/18 110/9 111/6 118/21 121/24 122/13 127/18 143/10 151/8 151/11 153/25 155/5 155/14 164/11 quantify [1] 41/17 quantities [4] 140/24 147/22 158/16 158/23 quantity [6] 20/12 20/21 20/24 21/22 22/25 23/6 question [12] 7/5 11/9 26/2 37/10 37/14 62/8 96/20 98/1 98/9 144/7 144/10 146/23 questioned [1] 149/16 questionnaire [1] 134/3 questions [5] 5/5 5/8 35/8 94/19 94/23 quicker [1] 145/5 quickly [3] 24/20 111/22 140/1 quite [7] 40/23 41/22 49/23 77/11 129/5 135/7 153/20 quotation [2] 34/16 68/21 quote [21] 11/19 14/15 15/20 16/25 17/19 22/15 23/13 68/4 68/20 68/25 84/12 85/11 85/21 114/21 118/23 120/18	127/25 130/18 135/16 152/19 158/16 quotes [1] 127/21	R radioimmunoassay [1] 79/3 raise [3] 55/24 77/21 103/14 raised [6] 46/15 90/20 118/9 118/10 122/3 145/23 ran [1] 15/1 range [1] 31/6 rapidly [1] 126/5 rarely [1] 67/24 rates [1] 64/22 rather [11] 15/5 27/16 28/22 46/12 57/24 67/13 109/16 124/14 137/6 143/1 145/16 ratio [2] 127/22 143/13 rationale [1] 164/14 re [2] 45/13 113/5 re-entered [1] 113/5 reaction [2] 47/17 68/2 reactions [3] 28/24 29/5 68/1 read [10] 2/12 31/17 37/24 38/5 38/6 38/7 38/23 66/16 82/14 128/20 reading [3] 41/23 44/2 159/15 realise [1] 126/17 really [2] 29/24 144/7 reason [14] 25/23 37/17 51/15 54/18 58/16 80/15 90/14 99/12 101/4 102/14 103/2 144/10 144/20 150/5 reasonable [4] 23/23 67/15 110/6 156/7 reasonably [4] 22/5 28/25 29/7 156/9 reasons [13] 50/23 52/3 53/8 102/12 103/3 114/21 127/19 129/7 132/12 135/16 135/24 143/11 164/13 recall [4] 37/21 72/25 112/5 114/23 receipt [4] 17/15 42/10 112/5 118/10 receive [3] 85/3 99/7 140/12 received [6] 3/3 20/5 41/25 47/1 112/16 137/16	recent [2] 4/14 106/15 recognise [1] 120/22 recognised [1] 147/4 recognition [1] 71/6 recombinant [1] 41/21 recommend [7] 10/15 39/9 118/20 121/25 151/5 153/24 155/14 recommendation [3] 9/6 72/17 121/21 recommendations [12] 36/23 37/1 37/23 38/1 43/11 44/1 47/11 47/13 47/16 47/19 64/16 64/22 recommended [6] 64/8 64/17 69/1 72/7 72/14 165/13 reconstituted [1] 64/3 record [4] 44/3 44/9 59/6 100/14 recorded [1] 37/17 recordkeeping [1] 11/25 records [5] 17/23 22/22 22/24 23/9 153/13 recruiting [1] 44/22 recurrent [1] 135/18 red [4] 80/24 91/18 93/6 96/3 redacted [1] 103/3 reduce [5] 107/11 110/7 113/7 121/9 159/18 reduced [1] 120/7 reducing [1] 121/5 reduction [2] 78/4 128/7 refer [8] 8/2 8/20 16/23 56/15 56/20 73/4 77/17 109/18 reference [58] 8/10 18/17 34/1 39/6 53/13 58/6 59/13 65/10 65/23 70/20 72/19 79/8 84/2 84/10 84/17 85/6 85/14 85/24 88/19 90/22 100/9 104/18 105/18 114/13 114/22 115/7 118/7 118/16 119/1 119/9 119/11 120/11 123/4 123/5 123/15 123/17 126/14 127/1 127/18 127/24 134/16 135/3 135/9 140/3 143/2 143/15 149/3 149/23 150/16 151/19 152/24 153/1 158/21 161/4 163/4 163/25 164/12	165/14 references [20] 59/3 59/6 74/5 74/9 76/2 79/4 94/6 94/10 108/4 123/19 124/8 126/7 126/12 129/16 137/7 146/9 149/10 149/14 158/5 163/23 referred [12] 20/19 20/23 27/13 28/8 35/14 54/7 58/3 58/10 81/17 127/2 129/1 163/13 referring [5] 19/14 59/8 81/23 82/1 112/6 refers [5] 19/15 57/15 117/7 149/25 157/18 reflected [1] 78/9 reflecting [1] 50/17 reflection [2] 114/5 116/18 reflects [1] 83/3 reform [1] 8/15 refusals [1] 44/24 refuse [5] 5/17 12/9 13/10 13/17 99/1 refused [1] 135/15 regard [1] 147/3 regarded [4] 15/22 15/25 22/7 23/25 regarding [5] 36/20 68/22 69/20 71/18 122/6 regime [10] 1/11 1/21 2/2 2/18 2/20 5/22 27/1 28/5 86/10 145/19 regimens [1] 110/7 Regional [3] 74/21 125/7 125/16 register [1] 85/3 registered [1] 79/9 registration [2] 56/11 82/6 regularly [1] 35/9 regulate [1] 12/13 regulation [1] 6/21 regulations [1] 16/3 reinventing [1] 2/11 reject [1] 9/17 rejected [6] 119/2 120/5 122/19 122/21 135/9 155/22 rejection [3] 119/9 123/16 155/10 related [6] 32/24 33/24 71/2 71/8 110/2 153/25 relates [4] 15/22 37/19 97/9 97/24 relating [7] 4/6 4/17 33/8 35/8 108/23
----------	---	---	---	---	--	--	--

(61) professional... - relating

R					
relating... [2] 121/24 127/18	reply [1] 89/12	108/24	40/14	127/15 127/18 131/11	say: we're [1] 13/4
relation [15] 3/17 5/20 38/1 43/17 71/7 98/7 98/12 109/3 110/8 110/11 110/15 131/8 154/2 159/12 163/9	report [31] 3/22 8/1 8/2 34/13 34/17 38/15 38/18 38/22 40/10 40/14 40/19 41/13 41/23 43/10 43/14 43/20 47/4 47/20 63/10 63/17 65/5 68/11 68/12 68/14 69/1 69/10 79/13 144/24 150/19 159/3 160/1	respects [2] 68/21 69/25	risk [34] 26/7 36/6 49/7 50/12 67/4 68/6 70/17 70/19 70/24 71/3 71/7 71/8 71/10 82/12 82/17 82/21 87/11 95/13 95/13 100/21 100/25 107/11 111/5 113/14 121/10 127/22 130/20 131/19 131/21 135/21 143/13 159/18 159/23 166/22	143/7 143/10 149/22 151/2 151/7 153/7 155/2 155/13 155/22 161/5 164/6 164/11	saying [13] 2/1 10/16 21/13 70/23 84/11 84/24 126/15 140/20 145/24 148/19 151/9 151/20 163/14
relatively [1] 87/25	report's [2] 46/10 47/1	responders [1] 152/15	risk-benefit [1] 36/6	safety [1] 155/17	says [37] 2/18 31/18 34/3 34/17 35/6 39/20 40/19 41/13 62/2 65/4 66/19 67/22 69/19 71/16 75/3 75/13 80/16 82/7 89/21 92/5 93/21 96/22 97/3 106/12 108/18 111/14 113/19 131/10 136/9 136/14 139/14 152/7 152/11 152/18 155/11 159/17 160/3
relativity [2] 52/14 59/7	reported [5] 6/5 6/8 101/16 102/5 131/22	responsibility [3] 3/7 6/3 125/21	risk/benefit [3] 127/22 131/21 143/13	said [35] 2/4 12/4 23/18 24/17 27/11 33/13 45/2 45/3 48/3 50/21 55/16 66/11 71/13 74/2 78/18 84/23 100/23 101/17 107/10 119/22 121/1 121/15 121/15 122/21 125/4 127/25 128/24 132/5 134/14 141/22 149/21 153/11 154/16 159/10 164/1	SBTS0000330 [1] 161/15
relaxed [1] 32/25	reporting [1] 5/11	responsible [2] 33/19 33/21	riskier [1] 101/11	sale [8] 20/2 23/3 23/6 65/15 71/21 94/5 156/6 161/21	scale [1] 129/6
relay [1] 122/18	reports [3] 65/7 123/14 151/21	rest [1] 166/11	RLIT0000691 [1] 97/1	sales [9] 59/15 59/20 76/17 76/19 76/20 77/10 95/19 96/3 134/6	schedules [1] 152/13
release [4] 31/25 32/11 32/13 32/24	representation [2] 17/18 22/18	restricted [3] 71/21 72/9 74/12	Robert [2] 55/25 106/11	same [37] 7/24 13/5 26/7 31/3 42/4 50/3 55/1 62/16 67/17 67/21 73/3 73/10 79/8 85/13 88/8 88/9 90/23 91/20 91/23 91/25 94/10 96/14 99/10 104/14 108/15 112/3 124/9 130/22 131/25 132/2 133/14 133/25 135/14 141/7 153/17 154/16 160/1	scheme [2] 28/8 28/19
relevance [4] 13/17 16/16 37/8 165/22	representations [4] 138/24 154/20 157/10 161/17	restriction [2] 17/17 17/23	Robert Nicholson [2] 55/25 106/11	samples [6] 32/6 32/7 34/5 34/11 34/14 84/1	Schwarz [8] 56/5 81/16 81/21 81/24 103/23 104/4 111/13 125/4
relevant [7] 2/25 5/14 10/22 11/10 13/12 27/7 127/6	representatives [4] 123/7 123/22 123/22 151/13	restrictions [4] 17/9 17/13 18/4 29/14	role [3] 6/14 35/7 56/1	sanction [1] 16/5	scientific [7] 7/19 31/7 31/8 33/17 36/15 63/8 79/17
reliant [1] 51/11	reputation [3] 44/4 112/15 112/19	result [3] 85/4 135/22 153/5	roles [1] 35/5	sat [1] 30/15	scientists [2] 149/15 149/16
relied [1] 52/20	request [4] 17/25 37/11 92/3 118/11	results [3] 32/5 35/1 114/19	Rosemary [2] 62/12 62/15	satisfactory [7] 22/9 24/2 29/2 29/8 32/20 32/21 109/1	scope [2] 7/6 46/8
relies [1] 63/1	requested [4] 4/20 84/7 89/10 118/21	retail [1] 94/5	roughly [1] 78/7	saw [4] 65/1 116/18 141/8 156/12	Scotland [3] 3/14 18/21 25/7
reluctance [1] 46/22	require [4] 21/15 32/11 115/22 143/23	retained [1] 117/23	route [1] 64/16	save [1] 26/1	Scottish [3] 109/14 132/13 132/19
reluctant [1] 128/19	required [12] 4/12 4/16 5/13 28/23 32/3 35/25 46/16 63/20 79/25 89/11 107/14 132/9	retrospect [2] 29/4 29/6	row [1] 157/19	scratches [3] 41/10 124/15 145/7	scrutiny [2] 32/21 42/15
remain [1] 70/16	research [6] 6/17 31/15 33/24 56/8 81/17 146/19	retrospective [2] 142/8 158/2	Royal [9] 61/13 61/14 92/15 92/16 92/25 93/19 93/25 113/15 150/22	say [41] 10/8 12/1 14/21 15/7 24/6 24/7 24/19 37/19 41/14 41/23 43/19 48/18 49/19 49/20 50/2 53/4 53/6 53/15 54/24 55/5 56/18 60/1 82/24 86/2 90/15 95/10 98/18 101/24 105/8 107/18 113/22 128/22 131/23 135/8 138/12 147/16 148/21 150/2 156/17 164/25 166/17	second [23] 11/11 16/17 17/17 19/13 26/24 35/21 44/11 49/7 51/15 57/14 57/17 58/7 58/12 59/22 68/3 78/11 91/6 93/3 93/4 104/1 126/7 139/11 164/14
remained [4] 4/10 32/17 112/1 151/24	requires [3] 21/18 41/1 41/10	retrospectively [1] 91/5	rule [2] 14/11 37/11	say: [1] 13/4	Second 19 [1] 11/11
remains [1] 142/9	requiring [1] 98/5	return [1] 94/15	Rule 9 [1] 37/11		secondary [2] 21/25 156/13
remark [1] 122/8	required [12] 4/12 4/16 5/13 28/23 32/3 35/25 46/16 63/20 79/25 89/11 107/14 132/9	returns [3] 92/13 133/5 152/1	ruled [2] 121/14 159/19		secrecy [2] 45/9
remarks [1] 165/16	requirement [9] 19/20 20/4 23/11 99/6 99/23 107/19 116/7 116/10 116/16	reverse [1] 46/21	run [7] 14/22 15/4 42/21 91/5 105/10 105/23 153/21		
remember [2] 44/2 150/5	resending [1] 85/8	review [3] 4/23 4/24 88/7	S		
remembered [1] 42/20	resent [1] 88/1	reviewed [1] 72/16	S-TIM [2] 58/12 58/12		
remind [2] 86/5 161/16	residual [1] 70/15	revised [1] 165/2	safe [8] 29/1 29/8 83/6 87/7 147/3 148/22 151/10 156/9		
remit [3] 5/10 10/17 35/3	resold [1] 52/5	revising [1] 152/12	safe' [1] 148/5		
removal [1] 165/19	respect [12] 4/21 22/18 23/3 24/4 46/19 49/7 105/11 111/14 158/21 160/2 161/4 166/18	revocation [1] 3/8	safely [3] 15/23 22/7 23/25		
remove [1] 103/12	research [6] 6/17 31/15 33/24 56/8 81/17 146/19	revoke [3] 5/18 15/11 22/12	safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		
removes [1] 113/14	respecting [1] 85/8	revoked [2] 15/15 25/1	safety [51] 4/24 5/5 5/7 5/8 6/12 7/23 8/23 8/25 11/12 12/25 13/6 13/11 26/8 29/11 30/16 30/18 30/21 31/22 32/10 32/24 35/4 36/5 39/11 40/2 68/10 86/7 86/13 96/15 97/8 98/6 101/12 111/2 118/17 118/21 120/9 121/24		
renaming [1] 107/12	resending [1] 85/8	RFLT0000363 [1] 92/11	safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		
renew [5] 90/22 94/8 124/1 163/20 165/10	resent [1] 88/1	RIA [2] 79/4 79/18	safety [51] 4/24 5/5 5/7 5/8 6/12 7/23 8/23 8/25 11/12 12/25 13/6 13/11 26/8 29/11 30/16 30/18 30/21 31/22 32/10 32/24 35/4 36/5 39/11 40/2 68/10 86/7 86/13 96/15 97/8 98/6 101/12 111/2 118/17 118/21 120/9 121/24		
renewal [12] 3/7 14/15 14/23 90/25 91/4 91/6 96/16 96/23 98/18 127/11 143/18 145/25	residual [1] 70/15	Richards [1] 53/15	safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		
renewed [9] 14/14 15/4 88/4 90/24 127/9 133/18 142/6 142/22 143/2	resold [1] 52/5	rid [2] 12/20 145/6	safely [3] 15/23 22/7 23/25		
repeating [1] 50/18	respect [12] 4/21 22/18 23/3 24/4 46/19 49/7 105/11 111/14 158/21 160/2 161/4 166/18	right [13] 5/3 9/4 10/5 24/12 24/23 60/7 67/19 76/21 77/11 81/13 101/15 116/19 137/23	safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		
repetition [1] 50/5	respecting [1] 85/8	right-hand [1] 76/21	safely [3] 15/23 22/7 23/25		
repetitious [1] 56/19	resending [1] 85/8	rigorous [1] 42/16	safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		
replacement [1] 66/7	residual [1] 70/15	rigorously [1] 119/25	safely [3] 15/23 22/7 23/25		
replied [2] 84/11 95/22	resold [1] 52/5	rise [3] 25/21 26/5	safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		
replies [2] 95/10 96/1	respect [12] 4/21 22/18 23/3 24/4 46/19 49/7 105/11 111/14 158/21 160/2 161/4 166/18		safer [8] 13/1 86/14 86/20 98/12 99/10 101/6 129/3 146/24		

(62) relating... - secrecy

F:

S	40/13 42/7 46/19 46/22 47/12 51/10 56/4 56/13 58/5 59/7 59/19 59/21 60/23 61/5 61/8 61/9 61/12 61/18 61/22 62/21 62/25 63/3 63/13 63/21 64/1 65/3 65/14 66/5 66/14 69/13 70/10 76/25 77/9 79/12 79/21 79/24 80/2 83/1 83/9 85/19 86/17 88/21 89/24 90/12 91/16 91/23 92/19 92/24 93/10 93/21 94/16 94/25 96/2 97/3 99/12 99/21 100/10 103/21 107/3 107/24 112/25 116/21 116/23 117/11 120/23 121/21 126/2 131/21 132/7 132/16 132/20 133/1 133/8 133/14 134/6 137/25 141/10 144/23 145/3 150/23 152/3 154/12 160/16 seek [4] 5/19 53/25 90/5 165/3 seeking [12] 22/1 24/14 27/15 52/6 101/9 102/16 105/2 124/18 128/11 138/17 140/16 160/15 seem [3] 29/9 139/22 150/6 seemed [1] 111/7 seemingly [2] 117/8 146/23 seems [11] 62/9 67/15 87/23 103/4 110/6 116/7 129/13 137/6 141/17 158/1 160/3 seen [20] 14/4 19/6 42/24 52/23 54/16 71/12 77/22 78/14 80/10 87/14 129/22 130/18 134/15 145/12 145/22 148/17 149/10 152/2 155/23 155/23 sees [1] 131/18 selected [1] 71/23 selection [4] 68/5 121/3 130/19 154/23 self [2] 8/17 132/6 self-financing [1] 8/17 self-sufficient [1] 132/6 sell [8] 22/19 27/23 80/17 102/13 102/17 124/7 139/24 155/18	selling [11] 16/12 23/20 55/3 100/18 113/4 114/3 124/12 140/23 144/5 158/15 163/15 send [2] 136/20 137/20 sending [1] 66/6 senior [7] 6/5 36/4 40/5 40/6 44/16 45/1 84/5 sent [30] 19/25 20/17 23/15 37/11 61/22 65/21 69/17 75/1 76/12 85/3 88/22 88/24 89/19 108/8 108/10 108/14 108/15 111/1 111/11 116/23 116/23 117/5 119/18 125/7 125/24 131/7 139/7 152/6 161/5 162/20 separate [4] 10/20 33/15 90/21 91/11 separately [1] 95/17 September [18] 1/1 94/9 123/17 126/13 133/19 134/16 141/21 142/7 142/20 143/5 151/14 152/24 154/12 155/6 155/20 156/22 163/6 167/8 September 1977 [1] 151/14 September 1981 [3] 133/19 134/16 152/24 September 1983 [1] 156/22 September 1986 [1] 141/21 September 1990 [1] 143/5 September 2021 [1] 1/1 series [1] 47/19 seroconversion [1] 123/2 Serological [9] 55/10 62/22 65/19 71/18 73/13 75/8 78/24 79/10 130/13 serum [4] 67/4 67/9 68/7 130/20 servants [2] 40/3 75/19 service [2] 30/15 139/17 Services [3] 18/23 25/10 111/1 set [10] 3/4 9/14 14/11 15/12 17/7 26/25 50/20 65/12	76/18 80/16 sets [3] 50/3 108/23 163/18 setting [3] 14/5 30/10 165/5 settled [1] 158/12 seven [1] 120/10 several [7] 40/22 109/25 118/9 127/19 143/10 154/2 164/13 severe [1] 113/23 SH [3] 66/24 67/2 67/7 shall [8] 13/10 14/16 23/18 32/12 97/6 97/25 98/4 162/12 shape [1] 49/14 share [2] 126/4 126/11 shared [1] 111/8 she [3] 125/18 125/19 125/21 sheet [4] 99/20 99/25 107/15 154/22 sheets [3] 61/4 61/4 117/3 short [5] 42/23 48/13 87/25 96/20 130/10 shortly [5] 8/5 9/10 15/3 48/8 128/22 should [26] 9/15 9/15 9/25 12/5 12/7 12/18 12/22 17/24 22/24 23/9 46/8 53/15 54/1 64/2 67/12 69/23 70/2 71/21 99/24 105/25 122/13 124/16 126/21 129/10 154/2 157/14 shouldn't [1] 140/10 show [16] 42/12 43/12 62/20 62/20 71/5 92/12 92/22 94/12 115/15 115/23 116/2 116/10 118/3 128/3 139/2 158/2 showed [1] 114/19 showing [1] 39/4 shown [5] 111/25 116/9 121/5 164/6 165/5 shows [6] 41/24 42/3 115/9 117/23 128/21 157/22 SHPL0000010 [1] 126/13 SHPL0000048 [6] 111/10 135/9 139/10 140/14 140/18 158/22 SHPL0000050 [4] 114/22 115/7 115/14 160/17 SHPL0000065 [1] 118/16	SHPL0000066 [2] 115/11 141/7 SHPL0000067 [6] 106/5 127/12 129/16 129/17 136/6 160/24 SHPL0000068 [3] 103/20 127/2 135/4 SHPL0000071 [6] 59/14 59/18 66/4 74/6 74/6 81/10 SHPL0000078 [3] 158/6 159/4 159/6 SHPL0000085 [4] 151/9 151/19 152/5 155/8 SHPL0000086 [2] 150/23 151/1 SHPL0000091 [1] 152/25 SHPL0000093 [2] 154/7 154/21 SHPL0000094 [1] 162/24 SHPL0000101 [1] 158/5 SHPL0000102 [2] 161/4 163/25 SHPL0000104 [5] 154/19 155/6 157/11 157/16 160/8 SHPL0000106 [10] 126/14 127/24 128/17 142/21 149/15 163/7 163/23 164/22 164/24 165/7 SHPL0000109 [2] 160/9 166/2 SHPL0000141 [6] 119/10 123/6 123/6 123/15 124/21 126/12 SHPL0000148 [1] 129/16 SHPL0000168 [2] 135/3 135/4 SHPL0000175 [1] 143/3 SHPL0000197 [4] 130/15 130/22 131/24 132/2 SHPL0000209 [1] 153/1 SHPL0000266 [2] 165/9 165/25 SHPL0000268 [1] 164/20 SHPL0000271 [13] 84/2 84/10 84/17 85/6 85/14 85/24 88/19 88/21 108/4 108/5 108/5 119/3 133/22 SHPL0000311 [2] 143/6 163/24	SHPL000036 [1] 94/7 SHPL0000376 [1] 87/21 SHPL0000377 [3] 130/19 142/7 142/23 SHPL0000665 [3] 130/25 131/6 132/1 SHPL000068 [1] 158/13 SHPL0001094 [1] 81/11 SHPL40174 [1] 149/15 SI [1] 17/12 SI1974 [1] 27/5 SI1974/298 [1] 27/5 side [5] 67/22 67/24 76/23 81/10 112/2 signature [2] 83/2 103/3 signed [4] 25/4 28/16 65/18 103/5 significant [4] 46/13 110/14 128/3 152/16 significantly [3] 82/16 82/19 87/11 signs [1] 39/4 similar [7] 7/2 17/2 28/21 29/2 93/16 130/18 146/2 simpler [1] 41/2 simplicity [1] 16/22 simply [2] 40/17 101/21 Since [1] 112/15 sincerely [1] 110/20 single [4] 12/2 20/24 54/19 56/18 sir [145] 1/6 8/4 8/6 9/9 9/10 10/5 11/2 15/7 16/2 16/22 16/24 18/9 19/3 21/2 21/7 22/10 23/11 24/11 24/22 25/12 25/14 25/18 26/1 26/17 27/6 29/12 29/17 29/22 30/2 30/3 30/6 30/7 30/10 30/20 30/23 31/1 33/13 34/1 35/6 37/2 37/3 37/5 37/19 38/8 38/12 38/14 39/14 40/9 40/15 41/6 42/6 43/11 43/19 46/25 47/7 47/10 48/1 48/7 48/11 48/15 52/11 54/4 54/10 54/13 57/5 58/16 58/25 59/3 60/3 61/25 62/8 62/20 67/19 69/7 71/9 72/25 74/1 74/5 74/8 74/19 75/4 76/19 77/11 78/18 79/12
----------	---	--	--	---	--

(63) secrecy... - sir

F:

S	Smith [3] 9/10 30/2 37/6 Smith's [1] 61/25 snapshot [3] 43/12 47/2 92/17 snippets [1] 90/17 so [170] so-called [1] 45/3 Social [6] 5/25 18/23 25/5 25/10 76/14 111/1 sold [24] 2/23 12/11 23/5 52/5 59/11 59/12 59/24 59/25 61/8 61/12 61/18 77/1 82/9 97/17 99/3 124/5 126/22 141/3 142/4 142/24 145/9 155/24 158/24 163/22 sole [1] 125/20 solely [1] 90/8 solubility [1] 79/7 solubility [1] 110/15 solution [1] 129/2 solve [1] 41/22 solvent [4] 63/6 82/3 147/6 147/17 Solvent/detergent [1] 147/6 some [53] 2/14 10/24 11/3 13/17 13/21 15/3 16/5 16/21 20/8 25/24 30/7 40/3 41/6 43/13 46/20 48/5 49/14 49/19 49/21 49/21 51/9 52/23 52/24 52/25 54/21 56/4 61/4 63/8 65/12 70/2 77/16 79/16 79/17 80/10 83/21 99/22 100/22 101/2 110/17 111/8 114/23 115/21 123/23 129/22 129/25 131/18 135/10 138/10 140/12 144/20 146/13 146/15 148/18 somehow [1] 148/23 something [20] 3/22 8/4 13/8 13/18 25/18 51/22 67/13 67/17 70/19 78/9 88/14 91/13 95/11 101/10 111/4 134/14 134/19 145/10 156/8 166/20 sometime [2] 126/25 146/18 sometimes [6] 27/13 28/8 32/17 58/11 77/23 132/5 somewhat [1] 58/16 somewhere [5] 53/3 60/11 98/23 114/4	129/5 soon [3] 119/14 140/12 162/18 sooner [1] 70/4 sorry [16] 24/8 39/18 62/14 66/12 66/17 81/18 99/8 104/2 109/24 115/12 123/25 129/14 132/20 133/3 138/8 157/13 sort [2] 126/9 163/14 sought [7] 13/22 51/17 53/12 63/16 85/11 120/2 142/15 Soumik [75] 2/15 18/8 19/13 29/25 30/9 31/1 33/11 37/5 38/17 38/21 39/19 41/12 47/8 59/18 61/2 61/11 61/20 62/19 63/13 63/18 63/25 64/5 64/21 65/2 65/9 65/14 66/3 66/13 67/20 69/12 74/17 76/9 79/19 81/9 82/5 88/20 89/16 91/15 92/2 92/23 93/8 94/3 95/1 96/25 97/19 100/6 102/10 103/19 108/9 111/9 115/11 117/5 120/19 120/25 121/19 122/5 124/20 131/7 132/21 133/7 133/12 134/4 136/5 138/9 139/10 140/18 141/6 142/17 146/20 152/1 152/5 155/7 157/16 159/5 161/14 source [9] 80/3 80/8 80/22 82/15 84/8 91/19 91/23 102/22 116/6 sourced [1] 86/20 sources [2] 51/17 52/11 space [1] 43/25 speaking [1] 35/15 special [1] 54/8 specific [6] 53/1 70/1 71/1 99/23 162/1 162/7 specification [1] 97/14 specified [7] 12/6 20/3 23/15 23/21 24/14 113/24 115/6 specify [1] 99/16 specifying [1] 23/4 specimens [1] 63/5 spectrum [1] 128/24 Speywood [2] 49/2 50/10	spiked [1] 128/7 split [2] 47/8 81/9 splitting [1] 54/21 SPMO [1] 6/6 spring [1] 38/25 St [4] 61/12 61/16 100/9 113/16 St Thomas' [3] 61/12 100/9 113/16 stabilisation [1] 66/21 stability [2] 63/10 71/19 staff [19] 6/1 6/2 6/2 6/3 6/5 6/7 6/20 10/23 11/24 33/17 36/15 36/17 36/18 40/4 41/18 42/3 44/21 45/24 46/2 staffing [1] 47/13 stage [8] 38/14 57/14 60/4 60/16 83/18 91/14 130/3 146/12 stand [3] 73/20 150/7 150/11 standard [3] 33/3 79/25 138/15 standardisation [2] 31/15 60/7 standards [12] 6/10 6/11 6/12 6/15 10/19 11/20 30/12 33/23 36/1 39/11 108/12 122/13 stands [4] 44/4 57/4 58/4 132/4 start [1] 145/6 starting [2] 59/1 124/15 state [19] 3/11 3/19 3/24 7/5 7/7 7/9 7/18 8/11 18/18 18/19 25/4 25/6 25/7 35/15 95/6 95/8 104/11 104/12 104/16 stated [15] 77/4 90/25 102/14 103/2 105/21 114/18 119/12 120/6 120/18 130/15 132/25 134/7 134/11 141/25 159/22 statement [11] 2/4 2/4 2/12 2/18 18/17 30/1 31/18 37/4 99/21 99/24 107/16 statements [2] 51/23 70/3 states [8] 7/17 20/1 51/4 80/8 84/14 104/3 133/20 154/10 stating [1] 23/17 stations [5] 80/5 80/7 84/9 84/13 84/15	status [2] 54/8 117/10 statute [1] 156/5 statutory [5] 17/19 18/10 19/15 39/25 97/2 steadily [1] 41/19 steam [45] 57/19 57/24 58/13 58/22 104/5 104/18 114/17 114/20 115/1 115/5 115/23 117/19 117/19 117/25 118/6 118/12 118/14 118/23 119/4 119/20 124/14 124/25 125/1 126/2 129/4 129/13 141/20 141/23 142/11 143/6 145/2 146/5 146/13 160/13 160/16 161/2 161/7 161/12 162/1 162/2 162/5 162/8 162/13 162/15 166/1 Steam 2 [1] 141/20 steam-treated [6] 124/14 126/2 129/13 143/6 160/16 161/12 steam-treating [1] 145/2 stem [3] 90/23 94/10 124/9 step [4] 107/10 117/22 164/14 166/21 stepping [1] 157/8 steps [5] 30/24 120/7 121/6 128/1 128/8 sterility [1] 159/17 still [9] 44/8 90/12 124/23 126/3 126/23 136/19 136/24 142/24 155/3 stipulated [2] 42/14 63/16 stock [1] 105/23 stocks [1] 136/12 stood [3] 1/12 150/5 150/6 stop [6] 21/11 32/15 58/17 93/5 140/15 157/6 story [4] 78/23 90/19 117/23 129/21 straightaway [1] 160/20 strengths [1] 43/22 stress [2] 47/2 47/4 stressed [2] 75/14 120/1 strictly [1] 35/15 struck [1] 110/8 structure [5] 46/4 49/13 52/4 55/4 58/21 structures [6] 6/1 6/3	8/8 29/20 50/22 51/16 studied [2] 109/11 110/1 studies [2] 63/11 164/6 study [7] 39/5 149/6 149/14 149/20 149/20 149/23 149/24 sub [7] 5/11 5/11 23/22 35/19 35/20 35/21 36/14 sub-committee [4] 5/11 35/19 35/20 35/21 Sub-Committee's [1] 36/14 Sub-Committees [1] 5/11 sub-paragraphs [1] 23/22 subcommittee [21] 8/24 8/25 9/2 9/3 30/18 30/22 35/5 68/10 69/4 72/6 72/10 118/18 121/18 121/21 121/23 122/9 122/22 153/9 153/18 165/11 165/16 subject [11] 4/5 15/12 19/24 20/17 33/5 72/8 72/14 81/20 97/4 111/15 144/19 subjected [1] 34/22 submission [6] 26/20 68/20 112/11 112/12 124/3 138/25 submissions [7] 52/7 53/23 54/6 112/15 119/23 155/1 165/12 submit [3] 32/3 123/13 134/24 submitted [13] 33/4 34/19 36/9 42/16 105/25 111/19 135/6 135/7 142/19 162/23 163/8 163/17 165/8 subparagraph [1] 41/11 subsection [1] 98/4 subsequent [2] 86/4 149/24 subsequently [4] 1/25 62/1 127/23 146/14 subsidiary [1] 51/5 substance [3] 41/9 41/19 42/23 Substance' [1] 40/25 substances [2] 6/13 6/16 substantial [4] 140/23 141/2 158/16 158/23 succeed [1] 151/16
----------	--	--	---	---	--

(64) sir... - succeed

S	supports [2] 26/18 26/21 suppose [2] 77/14 145/18 supposed [1] 144/14 sure [5] 11/5 48/3 54/4 58/17 120/21 surgery [1] 64/20 surgical [2] 5/4 5/6 surprise [1] 46/12 surprised [2] 143/1 145/25 survey [1] 104/4 suspect [6] 62/10 76/6 128/1 132/12 132/18 157/14 suspected [1] 25/25 suspend [3] 5/18 15/11 22/13 suspended [1] 15/15 suspension [1] 3/8 suspicion [2] 25/21 122/25 switch [2] 34/20 118/6 Switzerland [1] 154/15 system [5] 7/6 43/13 44/7 44/13 77/24	49/22 58/19 70/11 91/2 141/16 talks [1] 31/3 tapered [1] 77/23 task [1] 165/5 taxpayer [1] 43/2 team [3] 48/16 52/25 53/17 technical [2] 33/17 165/21 techniques [2] 41/21 106/8 technology [1] 47/13 teeth [1] 24/3 telephone [2] 81/24 106/15 tell [4] 58/20 92/3 148/14 163/8 telling [2] 24/5 92/6 temperature [1] 109/3 temperatures [1] 105/4 ten [1] 115/22 tendency [1] 34/6 tenor [1] 126/8 term [4] 82/22 88/4 118/24 119/19 termed [1] 119/8 terminate [1] 29/10 terminology [2] 41/7 119/4 terms [17] 2/8 29/16 39/6 40/15 53/13 55/4 57/21 69/23 70/4 70/7 70/13 107/20 118/15 120/3 130/18 135/13 167/1 test [5] 34/12 67/2 114/19 131/13 131/15 tested [6] 6/16 34/11 34/14 66/23 120/16 164/18 testing [8] 10/25 33/1 33/2 34/4 79/2 79/18 131/15 154/24 tests [8] 32/5 33/7 34/5 34/9 34/25 120/17 121/12 140/25 texts [1] 117/1 than [23] 15/5 22/23 27/16 28/22 41/1 45/6 45/8 46/22 49/19 49/21 57/24 67/13 70/17 71/11 78/8 80/18 82/19 85/8 86/20 102/18 124/15 145/6 145/20 thank [22] 26/22 37/12 37/13 39/19 48/11 61/20 62/4 67/11 83/20 93/9 95/1 98/17 100/3 103/10	108/21 116/21 130/6 132/21 136/10 138/9 142/17 167/4 thanks [2] 89/23 133/4 that [916] that's [69] 7/21 9/4 10/5 11/15 11/22 12/1 12/8 13/14 14/19 16/1 16/6 17/2 17/16 24/11 27/11 27/14 28/2 28/16 28/21 29/2 29/11 30/13 45/1 59/23 60/7 61/2 61/3 61/14 62/16 62/23 66/15 67/19 68/21 78/13 79/7 84/24 86/16 87/20 88/10 95/11 101/15 103/9 105/18 105/21 106/10 129/2 130/25 136/16 137/9 137/13 140/14 141/13 144/19 147/13 150/15 150/16 150/16 150/18 150/22 151/9 153/16 154/19 158/12 160/24 162/24 163/7 165/7 165/21 165/25 their [37] 26/19 36/1 36/6 36/9 36/9 44/6 47/1 50/13 53/22 66/7 66/23 72/6 77/19 83/4 88/4 90/1 95/8 96/3 100/24 101/11 105/2 108/25 109/7 109/10 109/12 110/12 113/13 114/4 116/15 126/15 139/19 144/23 146/5 149/3 155/3 157/19 162/1 them [27] 3/15 4/11 31/10 32/3 44/2 50/12 54/12 57/9 59/4 59/5 61/3 67/8 85/21 91/12 100/1 104/8 109/2 114/9 115/22 118/10 121/23 126/7 129/23 144/1 149/1 155/10 163/4 theme [1] 25/19 themes [3] 11/12 53/12 53/19 themselves [1] 72/20 then [69] 2/13 6/25 9/18 10/14 14/15 14/23 18/14 20/10 20/13 20/15 21/9 22/22 23/11 24/17 25/12 28/1 31/12 33/19 35/19 43/7 44/11 46/10 46/25 47/15 48/15 54/21	58/10 58/22 59/25 60/24 61/11 63/8 63/18 63/25 64/3 64/7 64/15 65/14 68/2 75/12 76/23 77/25 83/21 90/19 91/4 91/22 100/11 101/2 105/8 106/3 106/5 112/15 113/10 114/17 117/17 117/18 124/13 125/19 136/14 137/6 138/8 138/10 138/12 138/21 141/14 144/5 145/1 159/1 160/14 therapeutic [1] 44/10 there [169] thereafter [1] 157/1 therefore [3] 122/24 125/21 148/4 Thermal [1] 58/4 these [55] 5/2 6/3 8/8 14/20 16/14 27/2 29/15 30/5 34/10 35/1 35/11 39/21 42/13 43/23 47/10 47/10 48/16 48/21 49/4 50/22 51/3 52/10 52/14 53/17 53/24 53/25 54/7 54/24 54/25 56/2 63/18 65/7 65/12 67/3 78/6 83/23 91/10 91/24 93/20 105/10 110/17 112/6 113/9 118/11 126/16 129/22 133/4 136/19 141/1 141/17 143/25 145/13 146/7 147/5 148/12 they [124] 3/3 8/21 9/15 9/15 13/23 17/18 36/6 36/25 39/14 39/15 42/7 42/14 42/16 43/25 47/12 47/21 52/5 52/5 52/12 52/12 53/18 53/19 55/1 56/23 67/7 73/15 77/19 83/18 84/18 84/25 87/10 89/13 95/7 96/2 96/19 96/21 98/8 98/21 98/22 99/6 99/15 100/1 102/15 107/12 109/25 110/1 110/3 110/4 111/23 111/25 113/1 113/21 113/21 113/22 113/23 113/25 114/2 116/14 116/18 117/10 117/24 118/19 118/19 118/23 122/3 123/1 124/7 124/10 124/12 124/13 124/18 127/16 127/16 128/14 128/24 129/5	129/7 129/11 137/10 137/15 137/17 137/21 137/22 140/10 140/12 142/10 143/8 143/10 144/6 145/24 148/24 148/25 149/22 151/4 151/11 151/14 151/15 151/17 151/18 151/20 151/21 153/23 154/1 155/16 155/24 156/16 156/17 156/17 156/24 156/25 157/1 157/23 157/23 157/25 158/17 161/3 161/7 161/8 161/11 162/3 163/1 164/10 164/13 165/3 they'd [2] 38/5 38/6 they're [9] 42/7 67/15 108/3 124/11 137/12 144/4 146/7 151/22 166/1 They've [1] 24/20 thing [2] 13/5 67/17 things [7] 1/24 13/23 38/11 50/3 69/5 122/21 159/10 think [22] 3/21 26/18 29/1 29/7 30/5 30/6 37/8 43/11 50/17 58/4 60/5 60/9 60/24 77/8 77/13 80/11 103/11 116/13 141/22 144/2 150/11 157/6 thinking [3] 43/12 83/3 115/13 third [3] 17/23 49/8 57/19 this [264] Thomas [11] 33/16 61/24 68/12 68/14 68/19 69/8 69/15 72/3 108/11 108/18 110/21 Thomas' [9] 61/12 61/16 69/1 69/10 72/17 100/9 110/22 111/6 113/16 those [85] 8/19 9/20 10/9 10/10 10/18 11/13 11/15 11/21 12/4 15/13 15/25 16/4 17/13 18/3 21/22 22/24 23/9 26/15 29/17 33/9 35/5 42/6 43/18 43/20 44/7 46/15 46/18 46/25 48/24 49/7 49/15 49/16 50/10 51/8 52/3 52/7 53/20 54/15 54/20 56/13 57/7 57/8 57/21 57/22 57/25 58/2 66/16 67/7 72/4 72/22 74/9 77/18
----------	--	---	---	--	---

(65) successful - those

T	58/7 58/7 58/11 58/11 58/12 58/12 104/9 104/12 104/16 104/17 104/21 104/24 105/9 105/9 105/9 105/13 105/25 107/12 107/15 114/11 117/19 119/20 135/1 136/2 136/3 136/17 136/18 138/18 139/4 139/25 141/14 141/18 141/23 142/11 143/6 146/13 147/11 147/25 147/25 148/2 148/8 148/13 149/6 149/19 149/25 TIM 2 [6] 105/9 105/25 107/12 107/15 136/17 139/25 TIM 2/TIM 3 [1] 147/25 TIM 3 [4] 105/9 117/19 119/20 149/6 TIM 4 [18] 105/9 135/1 136/2 136/3 136/18 138/18 139/4 141/14 141/18 141/23 142/11 143/6 146/13 147/11 148/2 148/8 148/13 149/25 time [82] 5/2 13/13 14/10 15/4 15/5 20/12 21/20 22/16 27/2 29/16 31/7 34/15 39/18 42/9 43/13 44/25 47/3 48/7 48/19 51/1 52/4 55/22 56/18 58/23 61/3 63/16 69/6 69/18 73/10 75/2 75/20 76/11 77/1 77/18 84/14 85/1 86/24 88/23 91/5 92/9 92/18 94/13 96/8 103/23 105/24 108/7 109/3 114/7 125/1 128/12 130/2 130/7 130/22 133/14 133/16 133/23 135/13 136/24 138/15 141/3 141/16 144/13 145/9 145/14 146/16 146/24 148/10 148/18 148/24 151/15 151/15 154/13 160/11 160/18 160/21 162/20 163/11 163/23 164/11 165/3 166/6 167/2 time-consuming [1] 44/25 times [6] 42/13 46/25 50/25 57/8 105/3 108/13 timetable [1] 54/17 title [2] 18/10 111/15	to [978] to officials [1] 8/12 today [6] 1/6 2/1 49/23 54/16 108/14 166/21 today's [2] 31/15 162/12 together [4] 20/18 28/16 54/17 76/17 told [7] 73/7 73/10 86/6 86/10 86/13 115/14 151/14 tomorrow [3] 70/21 73/5 167/5 too [7] 26/4 44/19 45/17 50/5 61/25 142/2 160/16 took [6] 47/23 85/16 123/11 123/21 158/25 164/21 top [4] 10/8 18/9 69/14 79/21 topic [1] 10/14 total [10] 34/18 76/17 76/20 78/20 92/24 93/3 95/5 120/12 153/14 159/16 totally [1] 120/3 totals [2] 132/15 132/22 touch [4] 50/22 51/15 52/3 125/15 towards [3] 21/12 112/3 160/13 Toxicity [1] 72/11 trace [1] 21/22 transaminase [1] 67/1 transcript [2] 74/5 108/3 transfer [1] 33/17 transfusion [1] 132/14 translate [1] 70/9 translated [1] 101/8 translation [1] 81/13 transmission [15] 67/4 68/6 107/11 121/7 121/10 121/14 122/6 127/20 130/20 143/13 149/12 153/4 154/25 159/18 164/7 transmit [1] 148/1 transmitted [2] 159/24 164/4 transmitting [2] 101/1 113/17 transparency [1] 52/1 Travenol [7] 54/18 75/8 78/11 95/3 108/24 109/11 139/23 Treasury [1] 44/21 treated [66] 57/13	57/14 92/21 100/5 106/14 107/7 108/20 109/12 110/13 111/21 114/1 114/10 114/11 114/12 115/5 115/23 117/11 117/19 117/25 119/25 124/2 124/14 124/25 125/2 126/2 126/19 127/10 127/11 129/10 129/13 129/14 129/18 135/12 135/19 136/11 138/7 138/18 139/2 139/16 140/4 141/12 141/13 141/24 142/9 142/11 142/22 143/6 143/18 143/25 144/12 144/16 146/5 147/6 158/8 158/10 158/17 158/23 159/10 160/13 160/16 161/12 161/21 161/22 162/13 162/15 166/1 treating [8] 58/2 108/25 131/19 135/17 135/19 145/2 145/2 146/16 treatment [63] 20/25 21/8 34/22 57/15 62/6 64/9 65/17 67/25 69/20 70/1 74/11 74/13 89/4 93/1 93/13 93/18 103/18 103/25 104/7 104/10 106/18 107/3 107/10 108/17 109/7 110/1 110/7 110/12 114/16 114/17 114/20 114/25 115/2 118/7 118/13 118/14 118/23 119/5 119/5 120/3 121/4 129/4 129/4 132/9 135/23 139/12 140/22 152/12 153/5 158/11 158/11 158/18 159/11 159/11 159/14 159/22 160/22 161/2 161/7 162/2 162/5 162/8 162/10 treatment' [1] 118/24 treatments [2] 105/10 162/1 Treloar [1] 89/21 trial [23] 27/1 27/9 27/10 27/12 27/15 27/18 27/21 27/25 28/11 28/15 35/10 118/5 125/3 130/23 131/1 131/25 149/17 151/16 151/21 152/17 153/22 158/1 158/2 trials [12] 16/18 26/24 27/4 28/6 28/7 29/16 31/24 33/6 41/3 60/19	72/11 150/24 tried [2] 98/13 104/4 trouble [1] 139/13 try [11] 12/13 27/6 56/16 57/16 77/18 90/5 93/9 135/20 143/21 158/4 165/6 trying [4] 19/3 53/5 56/17 114/1 turn [27] 13/8 16/18 19/13 26/23 29/18 30/9 30/25 33/25 37/1 39/16 48/15 54/14 58/25 64/5 64/15 64/21 66/10 67/20 76/9 92/8 100/13 103/18 104/1 106/5 130/1 130/12 150/3 turned [1] 111/22 turning [4] 1/9 35/3 83/21 90/19 turnover [1] 125/25 two [32] 16/15 21/9 40/6 41/8 46/12 48/17 50/23 61/7 69/24 75/21 80/6 81/21 82/8 91/1 91/11 91/11 91/24 100/18 101/5 104/15 106/6 109/15 110/2 130/25 131/5 145/23 147/12 149/14 155/11 158/13 163/17 163/18 two days [1] 106/6 two hours [1] 109/15 two weeks [1] 48/17 type [2] 32/15 38/3 types [8] 13/21 40/16 49/16 58/14 79/14 82/8 104/7 107/19	166/5 166/7 UK-based [7] 49/1 51/10 55/18 56/2 61/24 62/24 62/24 ultimately [2] 9/25 10/2 unable [11] 53/1 69/16 118/20 121/24 127/17 143/9 151/5 153/24 155/3 155/13 164/10 unacceptable [4] 69/21 118/25 127/22 161/8 unclear [1] 148/2 uncontrolled [1] 153/21 under [26] 3/5 3/10 6/8 6/10 10/20 14/12 14/14 16/8 17/10 25/12 27/7 27/22 39/3 39/9 40/8 46/9 52/19 73/24 96/16 104/2 104/19 104/22 113/1 157/2 165/10 166/8 Under-Secretary [2] 25/12 40/8 underlined [1] 75/17 underneath [3] 18/14 60/24 121/1 understand [17] 15/10 19/4 51/19 51/24 56/10 61/15 67/8 70/6 84/21 92/20 113/7 117/2 124/22 127/10 131/9 139/21 140/4 understandably [1] 137/17 understanding [20] 1/13 1/18 2/7 2/10 14/20 15/7 15/9 19/8 21/5 21/7 27/17 60/3 60/12 67/13 74/1 90/11 107/1 129/24 134/16 145/10 undertaken [3] 8/14 19/3 27/2 undertaking [7] 13/21 13/25 14/2 14/7 20/19 73/1 145/8 undertakings [2] 13/20 28/12 undertook [1] 123/12 undue [1] 45/9 unfavourably [2] 112/11 128/12 unfortunately [3] 70/8 92/4 93/22 unfulled [1] 160/12 unheat [1] 144/12 unheat-treated [1]
----------	--	---	--	--	--

(66) those... - unheat-treated

U	167/7	user [1] 98/14	vast [1] 53/3	volume 7 [1] 2/6	welcome [1] 53/20
unheat-treated... [1] 144/12	until 11.45 [1] 48/10	uses [2] 57/23 125/18	version [8] 30/2 81/15	voluminous [1] 52/12	well [44] 2/9 3/23 13/6
unheated [1] 58/21	untoward [1] 53/8	using [5] 70/25 87/2	103/4 103/4 141/12	von [1] 64/12	16/10 16/21 24/6 24/7
unit [10] 60/5 60/25	untreated [3] 110/15	107/21 120/17 156/10	147/10 148/2 158/10	VR [1] 159/12	28/2 29/5 34/8 35/12
77/15 77/17 77/22	145/13 149/8	usually [3] 32/16 41/1	very [14] 42/22 44/24		36/16 37/8 48/9 61/4
77/25 81/5 92/3 113/3	up [39] 3/4 3/23 4/13	58/19	50/21 55/5 77/17 78/7	W	61/10 67/15 68/25
162/16	4/16 9/14 11/8 13/18	V	85/19 110/8 125/23	wait [3] 24/18 145/21	73/13 77/8 78/3 80/25
United [21] 6/25 7/12	47/16 50/7 52/5 55/24	vaccines [2] 32/19	125/25 140/1 147/21	160/20	83/9 83/17 87/3 89/16
7/13 19/5 33/6 39/13	56/5 56/18 59/4 59/17	36/2	167/4 167/4	Waiter [1] 76/14	92/21 96/9 101/11
51/4 51/7 59/16 75/11	65/22 68/13 69/13	value [7] 76/24 77/4	via [1] 68/16	Wales [4] 3/14 18/20	102/24 103/11 105/5
80/8 84/14 123/3	79/13 83/23 88/20	77/5 77/10 78/14	vial [1] 60/25	25/6 148/7	105/9 113/14 130/4
124/5 130/17 132/6	96/25 98/23 100/5	78/17 78/19	vials [1] 60/13	Walford's [2] 94/19	131/15 131/16 137/11
132/8 136/4 154/10	121/12 121/19 122/16	vapour [25] 57/19	Victoria [2] 93/20	134/3	139/25 143/24 144/20
161/22 163/22	128/22 129/10 129/25	57/24 58/23 104/19	93/25	want [5] 29/22 53/4	145/15 165/11 167/4
United Kingdom [13]	132/20 136/25 138/2	119/5 119/8 119/19	Victorian [1] 92/16	105/17 124/12 144/17	Welsh [3] 74/21 74/22
6/25 7/12 7/13 19/5	142/5 146/7 159/8	120/7 120/23 121/4	Vienna [5] 51/5 55/7	wanted [5] 111/25	76/5
51/7 59/16 75/11	161/14 165/4 165/5	124/7 127/14 128/23	56/7 56/9 63/2 89/6	137/21 151/18 151/20	went [3] 35/17 66/8
123/3 124/5 130/17	updating [1] 22/14	129/4 129/14 146/13	132/25	158/17	146/25
132/8 136/4 161/22	51/15 52/3 96/1	147/10 147/25 160/13	Vienna-based [3]	warned [1] 154/22	were [146] 3/1 3/18
United Kingdom. [1] 39/13	122/25 145/8 158/12	161/1 162/6 162/23	56/7 56/9 63/2	warning [1] 130/17	4/1 4/9 5/2 6/20 7/15
United States [3] 51/4	upwards [1] 121/11	163/10 163/19 164/14	view [11] 1/25 26/19	warnings [3] 117/2	8/9 8/14 8/21 10/7
84/14 154/10	urban [1] 84/18	vapour heated [1]	72/1 72/3 113/24	121/2 121/16	10/9 10/16 11/9 11/16
units [37] 59/24 60/1	urgency [1] 135/11	104/19	122/10 143/11 143/12	Warsaw [1] 61/19	11/25 13/22 16/3 16/4
61/6 63/22 63/22	urgently [1] 89/11	vapour-heated [1]	152/8 153/18 160/23	was [424]	17/9 18/4 19/8 19/9
63/22 64/1 76/1 76/6	urging [1] 126/9	58/23	views [2] 36/17 72/4	wasn't [9] 13/13 26/10	25/2 26/2 26/15 27/2
77/3 77/4 78/1 78/1	URNs [1] 149/3	vapour-heating [1]	VIII [49] 34/21 56/24	74/12 116/16 142/24	28/12 29/17 30/24
78/12 78/13 78/16	us [19] 31/17 44/15	164/14	57/4 59/2 64/9 64/13	146/4 146/12 151/10	32/16 33/5 34/10
78/18 78/21 93/1 93/2	49/18 54/3 54/5 80/18	vapour-treated [2]	74/25 75/5 75/10	152/23	34/11 34/14 35/14
93/2 93/11 93/12	82/15 88/14 89/8	129/14 160/13	76/15 77/2 80/17	watching [1] 100/12	35/23 36/6 36/25 39/4
93/16 95/5 96/5 96/7	102/18 111/19 113/8	variant [2] 142/3	85/22 89/4 89/25 93/5	water [1] 64/3	39/14 39/15 43/12
132/24 133/1 133/11	113/20 117/2 125/15	143/7	94/1 95/4 100/15	way [23] 1/23 7/24	43/20 44/15 45/15
133/16 134/7 134/21	134/12 140/24 152/10	variants [5] 57/9	100/18 101/3 102/17	29/24 30/6 31/2 37/7	45/24 46/12 47/11
139/18 152/4 153/12	152/16	58/14 91/24 166/7	106/14 106/18 108/20	49/24 50/17 57/15	47/21 50/24 51/11
153/15	USA [3] 89/7 95/17	166/12	109/1 109/14 110/13	58/25 70/7 77/19	52/5 52/5 52/5 54/25
universal [1] 46/21	162/5	variation [39] 3/8	113/1 115/5 119/15	85/13 101/9 108/6	55/1 56/23 59/1 70/7
unknown [1] 164/3	use [30] 3/3 3/18 14/4	19/11 78/24 79/6 79/9	119/25 120/24 123/4	117/6 123/21 129/11	73/13 73/15 84/25
unless [5] 2/23 7/7	19/21 26/5 27/10 49/6	79/21 85/25 87/20	125/9 132/16 133/10	148/12 149/16 156/12	87/1 87/1 87/13 88/3
13/24 16/13 60/19	50/13 64/8 64/8 69/22	88/24 91/9 107/23	133/15 134/10 135/13	166/22 166/24	89/13 91/2 91/12
unlicensed [12]	71/21 79/25 84/10	110/9 115/4 115/19	144/14 147/20 148/6	ways [6] 39/10 67/16	91/20 92/14 92/20
117/14 117/20 125/1	85/10 85/12 89/11	116/4 116/6 118/20	148/9 148/16 150/3	99/15 104/14 105/1	94/23 96/2 99/7 104/7
125/18 136/19 136/23	92/17 105/22 106/18	119/7 119/17 119/17	150/7 150/9 154/19	106/3	105/2 110/24 112/8
141/15 141/19 141/21	109/25 114/20 125/21	119/21 120/15 120/22	VIIIY [1] 125/11	we [394]	112/10 113/22 115/9
142/2 151/24 152/4	130/24 133/21 134/17	121/25 122/18 123/9	viral [18] 57/17	we'll [13] 2/13 8/20	116/4 116/14 117/9
unnecessary [1] 45/19	153/14 154/17 157/6	142/25 143/9 161/1	100/21 105/2 106/8	48/7 48/9 83/17 95/10	117/10 118/20 120/16
unofficially [1] 111/18	166/7	162/17 163/6 164/8	107/11 114/16 118/15	96/9 117/1 123/5	121/16 121/24 122/22
unreliable [1] 46/3	used [51] 6/13 12/17	164/10 165/13 165/25	120/4 121/10 128/10	129/25 130/5 133/17	122/25 124/5 124/17
unsafe [3] 25/25 26/2	24/6 25/25 26/3 26/3	166/6	140/13 140/21 154/25	161/9	124/18 124/23 126/3
26/5	27/9 27/18 28/2 33/2	variations [7] 41/4	158/18 159/16 159/18	we're [10] 13/4 25/19	127/16 127/19 128/11
unsigned [1] 30/3	49/9 51/13 52/11 57/1	79/15 91/13 122/11	159/19 164/16	37/12 53/8 54/14	128/13 128/14 128/16
unsolicited [2] 17/21	57/3 66/22 70/14 80/9	140/11 140/16 142/10	virgin [1] 113/17	56/22 59/8 92/5 118/1	128/19 128/23 129/7
22/20	92/9 92/24 93/3 93/4	varied [3] 15/15 92/17	virology [1] 36/11	163/15	129/19 134/23 135/12
unsuccessful [3]	93/11 93/13 93/15	116/3	virus [8] 32/19 104/3	we've [15] 14/4 53/4	136/15 137/22 141/9
119/22 135/25 136/1	93/17 93/18 93/25	variety [1] 31/5	105/20 109/10 128/7	71/6 77/22 103/22	143/9 144/13 144/15
until [15] 14/22 14/24	94/1 105/20 109/6	various [7] 18/14 27/3	149/22 159/12 159/24	108/13 117/15 130/18	145/13 145/24 146/10
33/19 48/10 54/20	109/8 109/9 113/16	63/11 63/19 104/5	virus-inactivated [1]	145/22 146/8 148/17	146/24 148/24 148/24
73/20 96/9 117/12	115/24 119/19 125/9	110/23 166/23	105/20	148/18 149/10 152/2	149/8 149/14 149/18
130/5 138/18 140/16	129/12 132/8 132/15	vary [11] 5/18 15/11	viruses [9] 109/6	163/3	149/22 151/14 153/12
141/12 152/23 162/14	132/22 133/2 133/9	22/13 35/12 41/8	109/8 109/11 109/25	weaknesses [1] 43/22	153/23 154/6 154/20
	133/11 133/16 134/10	89/18 124/14 127/13	110/2 111/24 144/1	week [1] 125/6	155/1 155/22 156/17
	145/14 148/10 150/24	143/4 144/6 163/19	164/3 165/20	weeks [4] 1/9 1/20	157/1 157/19 158/15
	151/25 153/12		viz [1] 40/22	48/17 83/13	161/3 161/12 163/10
			volume [2] 2/6 149/5	weight [1] 43/24	164/10 164/19 165/1

(67) unheat-treated... - were

W	whereby [1] 28/9	58/17 58/17 59/3 59/5	148/19 148/24 149/18	world [2] 44/8 83/19	54/19 63/16 103/22
were... [3] 166/7	whether [20] 5/19	62/25 65/3 65/5 65/12	151/13 151/16 152/8	worried [2] 100/22	138/15 153/11 153/14
166/12 166/14	12/23 19/10 26/2	65/16 70/4 70/16	152/13 152/15 154/18	110/10	159/2 166/12
were: [1] 17/13	37/16 77/5 77/19	70/17 70/20 71/10	160/14 162/25 164/2	worrying [1] 109/16	yes [72] 1/5 10/16
were: the [1] 17/13	86/17 86/19 88/15	72/25 73/4 73/17	withdraw [1] 123/12	worth [2] 80/11	21/17 21/17 21/20
weren't [3] 46/11	88/17 90/15 96/14	75/18 80/10 80/22	withdrawn [2] 32/25	146/11	24/19 24/21 38/4 38/5
87/14 154/17	98/1 98/9 101/21	80/24 81/14 82/9	142/20	would [95] 1/10 1/15	48/9 60/20 62/14
West [1] 154/14	125/22 151/12 160/19	82/19 82/20 82/22	withdrew [1] 163/5	9/5 9/6 9/23 9/24 10/1	62/14 67/8 67/11 71/4
wet [6] 57/23 113/13	160/20	84/3 86/2 88/13 94/15	within [30] 7/6 7/11	10/4 10/10 10/15	71/4 71/9 71/15 74/1
113/24 113/25 115/1	which [216]	94/22 94/25 95/11	8/13 8/17 17/15 19/9	10/24 11/2 11/19 13/8	74/5 77/11 77/11
115/16	while [7] 39/10 108/24	95/20 95/21 97/17	19/16 24/15 33/15	14/12 14/22 14/24	77/16 78/9 81/6 83/8
what [73] 1/14 1/25	110/6 117/23 133/12	99/21 100/11 102/6	41/14 47/23 49/6 49/8	15/4 16/7 17/24 19/19	83/12 83/16 83/20
2/18 6/25 8/20 9/15	153/19 158/7	102/22 102/23 103/13	49/11 53/3 56/2 57/7	21/15 24/22 26/1	84/19 84/20 85/1 86/8
9/21 10/9 11/9 12/18	who [35] 10/3 18/15	105/7 105/15 105/20	58/2 58/14 66/1 83/3	28/14 28/17 28/20	86/23 86/25 87/4
21/20 22/24 24/16	26/15 27/14 30/23	105/22 111/2 112/5	85/16 107/4 114/15	29/8 35/9 35/18 36/2	87/12 87/18 88/6 92/7
34/3 37/14 39/14	38/9 43/20 49/22	113/11 114/22 119/4	116/13 126/11 136/24	36/24 36/25 37/2	96/9 96/18 96/21
40/19 43/12 44/11	53/24 55/25 56/5	120/21 121/9 125/19	138/16 145/24 151/25	37/24 38/13 46/18	98/17 98/17 98/20
45/1 48/18 50/24	56/10 61/23 61/25	125/23 126/7 128/2	without [10] 13/11	51/2 52/22 58/8 60/14	98/23 99/18 100/3
50/25 51/18 51/19	66/6 66/16 66/25 69/5	129/23 129/24 133/13	13/15 16/11 17/4	60/15 60/18 60/21	101/13 101/23 102/3
51/19 60/24 62/2	75/2 92/20 99/7	134/14 134/15 134/19	32/13 42/1 44/10 50/5	71/6 72/19 73/18 74/8	102/4 103/1 103/8
62/20 63/3 63/20	100/10 100/12 100/23	136/20 137/10 140/24	113/17 117/22	77/13 77/21 78/5 78/7	115/18 116/20 116/21
70/11 71/6 82/14	107/21 108/15 113/13	140/25 142/1 144/2	WITN0771001 [1] 2/16	80/9 83/5 85/19 86/18	130/5 137/21 137/24
83/10 83/17 85/20	125/14 127/8 131/19	149/2 152/15 155/16	WITN0771006 [1]	87/6 87/15 88/2 88/4	138/1 142/16 144/2
86/5 92/6 93/6 98/13	132/9 139/23 146/17	155/17 157/5 157/7	38/17	88/6 88/7 88/12 93/23	144/9 145/17 145/22
100/1 101/17 101/24	149/8 150/9	162/16 162/18 165/18	WITN5281001 [1] 30/1	98/2 98/11 99/9 99/16	150/12 156/11 156/19
101/25 104/6 105/8	whole [1] 92/22	166/21	witness [3] 2/3 51/23	101/13 102/7 103/11	156/22
106/12 108/17 114/5	whom [3] 8/19 23/5	Willebrand's [1] 64/12	54/2	107/15 111/22 114/10	yesterday [1] 109/13
114/17 115/13 116/9	113/16	William [2] 69/5 69/7	witnesses [3] 30/4	115/1 115/15 115/20	yet [3] 33/10 42/14
116/14 116/18 119/8	whose [2] 49/9 66/22	wish [8] 42/7 66/1	53/24 54/6	115/22 119/24 122/4	60/5
121/1 121/15 125/4	why [27] 25/15 37/17	80/21 95/24 102/21	woman [1] 108/15	130/16 131/19 137/14	yield [1] 147/22
127/24 129/1 135/1	39/15 51/15 51/16	113/7 130/2 139/1	won't [17] 13/23 27/6	137/17 140/12 144/11	yield/small [1] 147/22
137/9 139/2 140/25	51/25 52/3 53/9 72/16	wished [2] 85/10	33/10 42/6 47/10	147/5 148/7 148/9	York [1] 84/16
144/22 146/25 148/19	88/10 90/14 99/12	140/6	47/15 65/24 69/11	151/16 151/17 156/2	you [158] 1/22 1/25
150/4 150/5 152/18	102/15 110/4 115/20	wishes [3] 103/14	83/22 92/23 122/2	156/23 159/13 161/11	11/13 14/4 15/8 18/2
157/2 166/17	122/3 122/20 128/18	106/16 110/19	126/6 128/19 129/8	wouldn't [2] 1/16	18/10 18/10 18/14
whatever [2] 60/2	129/7 132/18 134/13	wishing [1] 117/22	139/12 146/1 163/4	114/25	19/20 20/5 20/6 20/8
60/25	135/24 137/12 137/19	with [98] 4/14 6/22	wondering [1] 144/21	write [1] 113/2	21/3 21/9 21/9 22/10
wheel [1] 2/11	139/21 144/11 145/10	14/3 14/8 18/18 18/20	wonders [1] 110/4	writing [5] 20/1 20/20	22/12 22/23 24/6 24/9
when [40] 4/19 5/16	wide [2] 31/5 79/14	18/20 20/18 20/22	word [5] 12/16 48/18	21/18 23/17 107/14	24/9 24/10 24/16
12/5 12/15 12/21	widely [1] 151/25	26/1 28/16 33/16 34/8	52/11 56/18 84/12	written [9] 2/18 17/23	24/18 24/24 25/14
12/24 20/9 22/12	wider [5] 10/17 37/8	35/20 35/22 38/1 38/9	wording [1] 22/12	22/22 30/1 37/24	26/17 26/22 27/6
33/20 34/7 34/10	53/16 90/19 159/15	39/3 39/6 39/10 41/22	words [5] 85/11	62/14 152/10 154/20	29/12 29/22 30/20
34/12 36/24 37/22	will [146] 1/8 3/21 8/4	42/4 42/9 44/5 45/17	119/24 120/9 126/16	157/13	33/10 37/12 37/13
42/20 43/13 44/2 67/6	9/9 11/5 11/7 11/13	47/9 50/14 51/6 52/14	159/16	wrong [4] 37/12 60/10	38/8 38/18 39/19 42/6
68/7 73/12 75/19	15/2 19/3 19/10 20/24	53/18 54/13 58/3	work [23] 1/8 19/3	114/2 148/23	47/11 48/4 48/11 52/6
87/22 88/16 96/23	22/3 22/11 22/16	58/25 59/2 62/6 63/4	31/2 31/13 31/16	wrote [10] 68/19 69/8	52/8 52/18 52/19
97/20 98/15 113/20	22/19 23/10 24/17	63/8 64/3 64/10 66/8	31/19 34/2 36/4 39/9	74/14 83/24 84/6	53/13 53/23 54/4 54/5
115/10 117/9 119/5	25/3 25/18 26/18	67/25 68/16 69/9	39/10 39/22 41/1	122/17 127/23 154/8	54/10 54/11 54/11
125/15 135/5 135/7	26/19 26/20 29/22	70/22 75/7 75/19	41/16 47/1 47/24 52/2	161/10 161/20	56/7 58/5 58/10 58/13
141/4 141/9 141/13	38/8 38/10 38/22 48/3	75/21 76/17 80/23	53/16 56/16 77/14	Y	58/17 60/1 60/1 61/20
144/25 148/1 157/1	48/6 48/16 48/17	81/16 82/11 88/19	81/15 127/8 150/1	year [21] 34/19 41/25	61/22 62/4 62/5 62/20
165/3	48/18 48/18 48/21	89/24 90/25 93/21	157/22	42/3 42/22 42/23 75/6	62/21 63/3 63/13
where [21] 4/18 8/6	49/1 49/4 49/17 49/22	95/6 95/11 95/20 97/5	worked [6] 15/10 38/9	76/18 76/21 77/3 77/6	63/21 63/25 64/3
14/14 29/13 30/23	50/2 50/6 50/6 50/8	98/24 100/23 101/13	38/9 38/11 116/16	78/13 78/17 78/19	64/18 65/3 67/11
34/9 46/11 51/16	50/9 50/15 50/22 51/8	105/11 109/17 109/21	123/20	85/5 85/8 88/4 127/7	72/25 77/9 77/9 77/14
51/24 52/15 52/18	51/10 51/15 51/21	110/5 110/19 111/8	working [7] 4/2 4/4	153/13 157/8 157/22	77/24 77/25 78/1 78/5
65/12 84/24 90/15	51/23 52/3 52/13	111/23 112/2 113/10	8/13 45/9 46/5 108/7	161/20	78/6 79/12 79/21
106/7 114/2 116/6	53/12 53/22 53/23	117/15 118/10 122/25	148/24	year's [1] 87/22	79/24 81/3 83/1 83/20
122/12 129/6 149/12	54/4 54/10 54/10	124/24 125/15 128/12	workload [2] 42/8	years [17] 14/13 18/1	84/24 86/5 86/5 86/10
162/6	54/16 55/5 56/7 56/13	128/16 133/9 135/11	44/17	23/9 25/16 28/11 39/1	86/13 86/14 88/12
whereas [1] 20/4	56/15 56/19 56/20	135/18 136/20 139/13	works [3] 30/8 128/21	40/12 47/22 52/23	90/15 90/20 91/3
	57/5 57/20 58/10	139/19 139/20 145/18	129/25		91/23 92/3 92/6 92/12

(68) were... - you

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<p>Y</p> <p>you... [54] 92/17 93/9 94/12 94/25 95/1 96/14 97/2 97/20 98/15 98/17 99/20 100/3 100/12 103/10 106/23 108/21 110/12 110/18 112/5 112/8 112/8 113/7 113/10 114/22 115/12 115/20 115/21 116/21 120/23 121/21 130/2 130/6 131/15 132/21 134/15 135/20 136/10 138/9 138/13 139/1 140/24 142/17 144/12 144/21 145/1 155/16 157/4 157/5 161/16 161/20 161/21 162/18 163/4 167/4</p> <p>you could [1] 86/14 you'd [1] 78/3 you'll [1] 11/4 you're [4] 27/19 77/11 79/25 115/20 you've [6] 24/5 73/7 73/9 78/18 115/14 116/9 Younger [1] 25/7 your [26] 1/25 23/10 24/22 26/14 37/3 38/14 48/15 52/25 53/11 62/4 62/8 66/2 89/23 89/24 90/6 91/4 99/20 108/21 110/18 113/8 136/10 138/22 138/22 139/20 140/7 167/2 Yours [1] 110/20</p> <p>Z</p> <p>zealous [1] 45/19</p>					
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(69) you... - zealous

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