

app sent for 14/10/04 @ 11AM
(CT)

Variant Creutzfeldt-Jakob Disease and Plasma Products Patient Reply Sheet

Name of patient: GRO-B

Date of birth: GRO-B 74

Telephone: GRO-B

Address: GRO-B

GLASGOW

GRO-B

1. I would like to have a specific consultation to further discuss these issues. Please contact me to make an appointment.

YES/

2. I would like to know if I have received an implicated batch.

YES/

If Yes or Don't Know, we will send you an appointment.

3. I understand that my exposure to UK-sourced plasma derived concentrate, including any implicated batches, will be recorded in my hospital and GP notes, and on a National Database.

Signature: GRO-B

Date 22/9/04

Print name