(c1)

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

Date of birth:	:: [GRO-В	
Telephone:	GRO-B	
Address:	GRO-B	
CL	ASGOW	
	GRO-B	
I would issues. Pl	like to have a specifice ease contact me to ma	c consultation to further discuss these ake an appointment.
		YES/
2. I would li	ke to know if I have re	eceived an implicated batch.
	enter transcent de la faction de la companya de la La companya de la co	YES/AND PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PER
If Yes or	Don't Know, we will se	end you an appointment.
concentra	stand that my expo ate, including any imp and GP notes, and on a	sure to UK-sourced plasma derived licated batches, will be recorded in my national Database.
Signature	GRO-B	Date 27/9/04
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		PRESENTED TO SELECT AND SELECT ASSESSMENT OF THE SELECT ASSESSMENT OF T

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