

Witness Name: Alison Brooks

Statement No.: WITN3693001

Exhibits: WITN3693002 – WITN3693015

Dated: 23 March 2020

EXHIBIT WITN3693003

Historical Transfusion Record request.

Please complete this table and return to address below or email

Name Alison J. Brooks GRO-C		Date of birth GRO-C 1960
Address <div style="border: 1px solid black; padding: 10px; text-align: center;">GRO-C</div>		
Telephone number 		
GP 	Surgery 	
Reason for request Access to health records request		
Approximate date(s) when you think you may have received a blood transfusion Early 1980's, possibly 1984		
Signature Form completed by L.Lowrey		Date 10/10/2019

Return to;
Rose Gill/Linda Lowrey
Transfusion Department
Fewston Wing
Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX

To be completed by Transfusion Practitioner

Result	2 x units of O+ blood received on GRO-C 1984		Date	10.10.2019
Result checked by	Signature GRO-C	Print name L. Lowrey	Designation Transfusion Practitioner	
2 nd checker	GRO-C	A. SUGDEN	Blood Transfusion Manager	

Sent to person named in document		Date
Copy to requester if different from above		
Copy to GP		
Copy to Subject access		
Copy in lookback file		
Copy filed in medical records		