

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN3927001

Exhibits: WITN3927002

Dated: 23 June 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN3927002

ANONYMOUS

Special Medical Card

Haemorrhagic States

Issued on behalf of the
Health Departments of the UK

Name **GRO-B**
Age **GRO-B** **U** **GRO-B** **68**
Te **NHSSB**
Ge **TEL** **WD/OP** **CONSULTANT**
Dr. **GRO-B**
Address **GRO-B**
GRO-B
Tel. No. **GRO-B**

Registered at: _____

HAEMOPHILIA CENTRE

Director: Dr. **E. E. MAYNE**
Address **HAEMATOLOGY LAB**
ROYAL VICTORIA HOSPITAL
GROSVENOR RD
BELFAST.
Tel. No. **01232-240503 EXT** **GRO-C**
Ext. **GRO-C** **- DAY CLINIC**
GRO-C **DIRECT LINE**