

Witness Name : Dr Andrzej Rejman

Statement No. : WITN4486001

Exhibits : WITN4486002 – 024

Dated: 26.03.21

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ANDRZEJ REJMAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16/04/2020.

I, Andrzej Rejman, will say as follows:

Section 1: Introduction

1. My name is Andrzej Stefan Miroslaw Rejman of GRO-C
GRO-C, Surrey GRO-C. My date of birth is GRO-C 1952.

2. I make this statement because I was a Senior Medical Officer responsible for Haematology at the Department of Health commencing 1st March 1989. I stopped working in that role on 31st July 1997.

3. My qualifications are:

May 1976	M.B., B.S.	St Thomas's Hospital Medical School, University of London
Nov 1979	M.R.C.P.	Royal Colleges UK
May 1984	M.D.	University of London
June 1986	M.R.C.Path	Royal College of Pathologists (Haematology)

Jan 1996 F.R.C.Path Royal College of Pathologists
 May 1996 F.R.C.P Royal College of Physicians (London)

4. My employment history includes:

1/8/76- 31/1/77	House Surgeon	General Surgery	St Helier Hospital, Carshalton, Surrey
1/2/77- 31/7/77	House Physician	General Medicine	Willesborough (now William Harvey) Hospital, Ashford, Kent
1/8/77- 30/4/78	S.H.O.	General Medicine	As above.
1/5/78- 30/4/80	Assistant Lecturer (Hon Registrar)	Pathology (1 year Haematology)	St Thomas's Hospital Medical School
1/11/80- 31/10/83	Research Fellow (Hon Senior Registrar)	Haematology	St Thomas' Hospital and Institute of Urology
12/12/83- 31/7/88	Lecturer, (Hon Senior Registrar)	Haematology	Guy's Hospital Medical School
1/8/88- 26/2/89	Locum Consultant	Haematology	North Middlesex Hospital, London
1/3/89- 12/12/98	Senior Medical Officer	Haematology and Blood Transfusion	Department of Health, London
1/3/89- 12/6/98	Honorary Consultant (P/T session) 1	Haematology	St Thomas' Hospital, London

18/10/04- 31/01/11	Consultant Haematologist	Haematology	Leicester Infirmery	Royal
17/11/04- 3/5/09	Head of Service	Haematology	Leicester Infirmery	Royal

5. In the intervening years and up to January 2015 I worked as a locum Consultant Haematologist mainly in London and the South East. I also worked as a Consultant Haematologist in private hospitals from June 1998 to August 2015. I was also an expert witness and provided reports from 2006 to 2015.

Section 2: My involvement with the Advisory Committee on the Virological Safety of Blood

6. Much of this statement concerns events in 1994 - 1996, i.e. some 25 years ago. I have done my best to answer the questions raised in the Inquiry's request, relying to a significant extent on the documents that have currently been made available to me, which have refreshed my memory. I understand that these documents have been collated following a search for relevant material. I have referred to and exhibited the key ones which have helped me to address the topics raised. I would ask the Inquiry to understand that, if further material is collated and made available to me, or if I am asked to comment on further documents, I may need to add to, amend or clarify this statement to take it into account.

7. I have been asked to set out a brief history of my role with the Advisory Committee on the Virological Safety of Blood ("the ACVSB").

8. My role with this Committee was as Medical Secretary to the Committee. I was there at the first meeting on 4th April 1989, just after I started working at the Department of Health and I continued in that role when the Committee changed to the Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (MSBT). I give below details of how the system operated in those years at the Department of Health.

Volume 15 of The Report of the Public Inquiry into BSE (October 2000) [Exhibit WITN4486002] considered the role of Advisory Committees to the Department of Health (and other government departments) during this period. It described the role of the secretariat as follows, at section 4.76:-

"The role of the secretariat was crucial to the effective conduct of business. Its job was to ensure (a) that the committee functioned effectively (by arranging for suitable papers to be put before it and ensuring that the minutes recorded intelligibly its decisions and the reasons for them); (b) that its decisions were reported to the right people in the Department(s); and (c) that appropriate follow-up action was taken."

9. The Administrative Secretary to the ACVSB was the Principal from the administrative branch which operated in parallel to the medical branch to which I belonged (for further information on this structure, please see paragraph 22 below). The Principal was a Grade 7, initially during this period John Canavan. Mr Canavan would usually attend the meetings with a junior colleague (Executive Officer ("EO") or Higher Executive Officer ("HEO")), who was the main person taking the minutes. At most meetings the secretariat comprised three people.

10. A topic for discussion by the Committee would be chosen either because it was of some current interest or it was suggested by the Chairman or a member of the Committee. My job essentially was to collect together scientific papers, abstracts, notes of conferences, etc. on the subject. Usually I would add a summary or simply an introduction to form a paper. I would then discuss the draft paper with medical or scientific colleagues within the Department if this were necessary. Sometimes I might ask for specific help from one of the experts on the Committee. I would then ask for comments from my administrative colleague before presenting the completed draft paper to the Chairman of the Committee for his agreement. There would be several papers for a meeting. The papers would then be sent out to the Committee members and observers a few days before the meeting together with the

Agenda. It was unusual for papers to be tabled without prior circulation at the meetings and if this happened it would usually come from members of the Committee rather than the Committee Secretariat.

11. My administrative colleague and I, occasionally with another DH official, would then usually have a pre-meeting with the Chairman, the day before the meeting proper. At the meeting itself I might be asked to briefly present papers, but often the Chairman felt this was not necessary, as members had already seen the papers.

12. My job was to be a facilitator. I was not an expert and I had no vote. My personal views were not relevant. I presented the facts to the best of my ability in an objective manner so that the expert members of the Committee could discuss the topic, add further information as appropriate, and make recommendations. If the information I presented did not agree with what experts believed, they would say so. The papers were a basis for discussion.

13. My role as a servant of the Committee can be seen by looking at the various minutes. Examples include "Dr Rejman was called upon to give an update" (page 2 of the minutes of the 4th meeting 6/11/89, [Exhibit WITN4486003]) and "Dr Rejman was asked to summarise the course of events" (page 1 of the minutes of the 7th meeting 2/7/90, [Exhibit WITN4486004]). If one looks at the minutes of the meetings, my name sometimes features only as a member of the Secretariat, and there is no other reference to me in the minutes.

14. Further evidence of my function as a facilitator of the Committee can be seen in four letters dated 27th March 1996, 19th April 1996, 23rd April 1996 and 30th October 1996 [combined as Exhibit WITN4486005] from Professor A. Zuckerman and Dr P. Mortimer who were full members of the Committee. In these letters they thank me for preparing the various papers to be presented at the Committee meetings as well as making some suggestions for improvements. These letters demonstrate how I am not an equal expert full

member of the Committee, but I am producing documents for the Committee to consider.

15. The independent experts on the Committee, who included blood transfusion specialists, the directors of the Blood Products Laboratory and the Protein Fractionation Centre, haematologists, microbiologists and virologists, after discussion at the Committee, would make recommendations to Ministers.

Section 3 : Q3: Experience of Non-party disclosure

16. I have been asked to set out in full my experience of “non-party legal disclosure” relating to legal proceedings.

17. I am not legally qualified. I do not recall any specific occasions when I was told that disclosures of particular documents were non-party disclosures. When asked to provide documents, I passed these on if they were in my possession.

18. As I have described below, at times during my work in the Department of Health (“DH”), I provided advice to medical, legal and administrator colleagues considering litigation involving DH, as well as other potential defendants such as Regional Transfusion Centres. In that context, I was at times asked to supply information or documents, which I did as asked. I cannot remember any discussion of ‘non-party’ as opposed to more general ‘discovery’ of documents. As I set out below, I was not involved in the Internal Audit [DHSC00046130_056], and I do not know why it specifically referred to non-party discovery.

Section 4: Scrutiny of the Advisory Committee on the Virological Safety of Blood Papers

19. I have been asked why I did not recall surviving papers relating to the ACVSB from the Departmental Record Office ("DRO"), as alleged in the Internal Audit.

20. I saw the Internal Audit report for the first time when I was contacted in April 2020, after receipt of the Inquiry's R9 request and in order to respond to it. The individuals who produced this document did not contact me in April 2000 or at any other time. In preparing this statement, I have also now, for the first time, had sight of a minute from Marilynne Morgan, LSPG, to Chris Kelly, then Permanent Secretary of the Department of Health, dated 8th March 2000 [Exhibit WITN4486006]. The minute is copied to Anita James, the solicitor to whose attention I first brought the destruction of a volume of GEB papers (see paragraph 35 below), Charles Lister (who I am told was an official in the department at the time) and Pat Troop (who I am told was a Deputy Chief Medical Officer). The minute brings to Mr Kelly's attention the fact that certain documents relevant to the hepatitis C litigation are missing and recommends a small internal investigation. I note that at paragraph 7, the author recommends that I be interviewed. However, I do not recall being contacted or interviewed in relation to the Internal Audit report and my personal diary from 2000 contains no record of such an event. I would add that I do not understand the reference in the Internal Audit report to my retiring in 1994 as part of the Functions and Manpower Review. I was working in DH well beyond that date.

21. I have now been provided with a number of papers which relate to the relevant period of time. Without the benefit of these, I would not have been able to accurately comment on the Internal Audit document mentioned above, because of the 25 years that have elapsed. The evidence which follows is based on reading through the documents which have been supplied to me. If any further documents emerge, I would need to review them in the same manner and update my evidence, if necessary.

22. It may assist if I begin by setting out my knowledge of file management within the Department of Health, to the extent that I was aware of it. File

management structures were linked to the overall structure of roles within the Department. When I joined the Department, and until approximately 1st April 1995, the Department operated a parallel structure under which subject areas had both medical and administrative divisions or directorates. As such, prior to April 1995 I worked in the Health Care (Medical) Unit 1, and administrative colleagues working on the same issues were members of the Corporate Affairs Operational Policy Unit. In or around April 1995, following the Banks Report and the merging of medical and administrative divisions, I was moved to the Health Care Division. By August 1995, I had joined Corporate Affairs Operational Policy Unit 2. These developments are illustrated by Exhibits WITN4486010, WITN4486011 and WITN4486018 respectively, which I deal with substantively at paragraphs 28, 29 and 39 below. I also exhibit Volume 15 of the BSE Inquiry Report [Exhibit WITN4486002], which deals in greater detail with the organisation and reorganisation of the Department of Health around this time; I would draw the Inquiry's attention in particular to paragraphs 4.45 to 4.55.

23. I maintained my own set of records, stored in my office. These consisted of papers I had produced in the course of my duties, papers I was interested in and copies of correspondence, minutes and letters I had received. The official files were held by administrative officials. It is these files which were given formal series numbers and registered with the DRO. Some, but not all, of the papers held by me would have been duplicates of those held in the official files.

24. As mentioned above, I do not believe non-party discovery was mentioned at the time I was making lists of documents. The reference to collecting information in the Internal Audit report probably relates to work I carried out in preparation for a discovery exercise relating to potential litigation by those who had contracted hepatitis C from blood products or blood transfusions. This work arose at the same time as work on setting up the HCV Lookback Exercise, and pressure from campaigners to widen the existing financial support. As such, in addition to my involvement in identifying

documents relevant to possible litigation, I was providing contributions to background papers and submissions to Ministers on the wider topic of hepatitis C.

25. From the papers with which I have been provided, I note that the first reference to the papers of the ACVSB appears in a minute dated 7th February 1995 from Roger Scofield, Assistant Secretary/Grade 5 in CA-OPU [Exhibit WITN4486007]. This minute is addressed to two administrative colleagues, Tom Kelly and David Burrage, and me. It states that Dr Metters, the Deputy Chief Medical Officer with responsibility for blood policy, has asked for the ACVSB papers to be "turned up" in order to determine whether an estimate was made of the numbers of people who might have been saved from infection had screening or testing been introduced earlier. My reading of this minute is that I was copied for information, but that the action required was to be carried out by administrative colleagues. In the papers available to me there is no further comment on this. My assumption is that the ACVSB did not consider the point about which Dr Metters was seeking information. The role of the committee was not to consider retrospectively the effects of the actions of others, but to consider prospective introduction of additional tests that might benefit patients in the future.

26. I have been provided with a minute from Roger Scofield, dated 10th February 1995 [Exhibit WITN4486008]. At paragraph 21, it records that he has asked Tom Kelly and me to "draw up a sequence of events and to assemble the key papers, including records of the ACVSB and the MSBT". As the minute makes clear, this was in the context of a broader programme of work in response to the inadvertent infection with hepatitis C as a result of treatment with blood or blood products. This included the announcement of a lookback exercise, the creation of a helpline and initial preparations for litigation, writs having been served against Regional Transfusion Centres (the Department of Health being considered "the ultimate defendant").

27. A further minute from Roger Scofield dated 13th February 1995 [Exhibit WITN4486009] is addressed to Mr Blake, who I understand to have been a solicitor at the Department. It records that he and I had agreed the relative priorities of the tasks identified in Exhibit WITN4486008. Obtaining and reviewing the ACVSB documents is not included as one of these priorities. From the papers it appears that the lookback exercise was the immediate priority at this point and minutes for the next one and a half months were devoted to this. The Chief Medical Officer letter about lookback with guidance and procedures was issued on 3rd April 1995 [PRSE0004917].

28. Work on documents for the purposes of litigation appears to have become more of a focus some weeks later. I have been provided with a minute from Anita James of Solicitors' Branch, dated 31st March 1995 [Exhibit WITN4486010]. It asks me to prepare a chronology of events and, where possible, supporting evidence. From this evidence it appears to me that this work was therefore not performed in 1994, as suggested by the Internal Audit Report, but in 1995.

29. A minute which I sent to Mrs James on 19th May 1995 [Exhibit WITN4486011] provided an update on my progress with this task. My initial work was looking at papers that I had in the filing cabinets in my office at the time, as described at paragraph 23 above. They included copies of scientific papers, letters, minutes, minutes of ACVSB meetings, ACVSB papers, Parliamentary Questions, etc. Some of the papers had annotations. I also borrowed volumes 1 to 14 of the official GEB file series (including those containing the ACVSB papers) from David Burrage, an administrative colleague who had an office in the same building where I worked. I was told by him that volume 4 had been destroyed and so I was not able to look at this (see further below). I added papers from these files, which were not included in the earlier part of my searches, to the final listing. I returned the GEB files. I did not see volumes 15 to 17, presumably because they were not related to my searches as they were from later dates.

30. From the above it can be seen that these volumes were held locally, and so the question of recalling them from the DRO did not arise. I assume that there was only one set of these volumes, as would be the usual practice.

31. I have been provided with copies of what appear to be two Post-It notes, or similar, which are undated and contain notes in my handwriting [Exhibit WITN4486012]. They record my dealings with the thirteen volumes from the GEB series which I borrowed from David Burrage. They show, for example, that I did not extract any documents from the first and second volumes as they were not relevant, and extracted two from volume 3. I believe that by "extraction" I meant that I had taken a copy of any documents present in these files which I did not hold in my own records, so that I would have a complete set of the relevant documents contained in each volume.

32. With regards to the annotations I made about volume 4 of the series, I believe I recorded two separate statements: the first that volume 4 contained files dating from 1989 and was missing, and the second that the volume had been destroyed. I do not recall whether there was any physical trace of volume 4, such as an empty file (my recollection is that the files would have been held within a cardboard jacket, with papers held together by treasury tags). I do not recall there being anything on any of the other GEB files which would have alerted me that they had been labelled for destruction. I do recall going through the files thoroughly, checking whether they held any relevant documents which I did not hold. My view is that I would have noticed anything obvious suggesting they were to be destroyed, as I understood their importance to discovery in the hepatitis C litigation.

33. In preparing this statement I have also been provided with copies of file management dockets related to these volumes [Exhibit WITN4486013]. I have no memory of having seen these dockets before and I suspect that I would not have given them much attention at the time, as records management was not my responsibility. I am informed that the dockets were created by the policy team with responsibility for the file. I believe they would either have been attached to the front of the relevant volume or inserted into the volume.

The docket for GEB 1 Volume 4 confirms that it had been destroyed prior to my inspection of other volumes from the series. Each volume has a branch review decision date marked on it. Looking at the dockets now, I would read the review date as meaning a date on which the volume must be reviewed, rather than the point at which it is to be destroyed. This is confirmed by the fact that volumes 6 and 7, which have review dates of December 1994 and April 1995, were available to me for inspection in mid-1995. As such, I do not think there is anything in the dockets which would have alerted me to the risk of the volumes being scheduled for destruction.

34. I have also been provided with dockets relating to the same files created by the DRO [Exhibit WITN4486014]. I have never previously seen these. I am told that these were created at the point at which the file was sent to the DRO, and held there. As such I would not have seen them and I offer no further comment on them, other than to note that the docket for GEB 1 volume 4 appears to confirm that it was destroyed on 29th September 1994.

35. The solicitor's request resulted in a list of documents entitled "Hepatitis C Litigation: Documents 1989-1991 – Blood Transfusion Compiled May-June 1995". The list and an accompanying minute were provided to Mrs James on 7th June 1995 and are exhibited as Exhibits WITN4486015 and WITN4486016. In the minute, I alerted Mrs James to the destruction of volume 4 ("for part of 1989"), and recorded that Mr Burrage has asked the individuals responsible for the destruction to write to him formally confirming this. I do not know who those individuals were. The documents were also subsequently sent over, running to some 14 volumes (see A James minute of 19th June 1995, Exhibit WITN4486017).

36. I do not know how Mr Burrage would have gone about this, although I presume that he would have asked the two Executive Officers in his section (whose names I do not recall) and may have alerted Roger Scofield, his line manager. Mr Burrage shared an office with the two Executive Officers and Mr

Scofield's office was next door. I believe that the GEB volumes were stored in Mr Burrage's office.

37. I do not remember whether I heard anything further about this, and there is nothing about its outcome in the papers with which I have been provided.

38. I was again involved in work relating to discovery for the hepatitis C litigation in 1996. At this point, there was extensive discussion of the HIV 1989/90 discovery papers, and their potential relevance to the hepatitis litigation. In what follows, I have tried to focus on the issue of the hepatitis C papers and the GEB volumes in particular.

39. Exhibit WITN4486018 is a minute dated 29th April 1996, in which I set out a number of documentary sources which I considered to be relevant to the hepatitis C litigation under consideration. On 30th April 1996 [Exhibit WITN4486019], I alerted Ruth McEwen of Solicitor's Branch to the existence of the documents relating to Hepatitis C and blood transfusion that I had sent to Anita James on 7th June 1995. On 26th June 1996, I provided further documents dated prior to 1989 [Exhibit WITN4486020] and relating to non-A, non-B hepatitis (as hepatitis C was known prior to its identification). I noted that these files came from searches of my own documents, and that it might be necessary to ask administrative colleagues in CA-OPU2, the Medical Devices Agency and the Medicines Control Agency to carry out further searches relating to this period.

40. Further discussion of past and proposed discovery exercises followed in a series of minutes, but on 29th July 1996, the topic of GEB volumes resurfaced. In her minute dated 29th July 1996 [Exhibit WITN4486021], Ms McEwen reiterated the requirements for a fresh discovery exercise within CA-OPU2, although she recorded that I had completed searches of my own files. At paragraph 3(vi) she asked about the GEB files which I had accessed in preparing the list circulated on 7th June 1995, and in respect of which I had reported one volume as having been destroyed.

41. I responded on 31st July 1996 [Exhibit WITN4486022], where I explained, at paragraph 4, that I had suggested that Mr Pudlo contact Mr Burrage with regards to the location of some missing files of documents. By this point Mr Pudlo had left CA-OPU. His successor was Christine Corrigan, who was a copy recipient of this minute. At paragraph 6(vi) I explained that GEB was a file reference. It is clear from Ms McEwen's response dated 2nd August 1996 [Exhibit WITN4486023] that the missing documents under discussion at this point were documents missing from the HIV discovery in 1989-1990.

42. Although I do not recall this correspondence, from the papers I have seen, I believe that by this time I would not have considered the destroyed volume GEB 4 needed further attention from me in my role as a medical officer. I believed all relevant volumes in my possession to have been identified, the issue of the volume destruction noted, and the relevant individuals had been asked to ascertain what had happened to it. I did not have any reason to know that any other volumes might have been marked for destruction. I also considered it very unlikely that CA-OPU would hold further relevant documents to the issues then being explored.

43. I have also now been provided with an email chain between Ms McEwen and Margaret Jackson-Roberts, dated 1st October 1996 [Exhibit WITN4486024] (I was not involved at the time). Ms Jackson-Roberts appears to have been tasked with investigating missing documents relevant to the hepatitis C litigation. She reports that she has contacted Mr Burrage; however, she appears only to have asked him about documents missing from the HIV litigation, as his response clearly relates only to those.

44. The email also records that Mr Burrage left the department in or around June 1995. This may explain why I did not hear further as regards his efforts to determine what had happened to the destroyed GEB volume 4. I had clearly not received any update by 7th June 1995, when I informed Anita James of its destruction (Exhibit WITN4486016), and he appears to have left

the department shortly afterwards. If the task had been pursued, I believe it would have fallen to Mr Burrage's successor or his line manager, Roger Scofield.

Section 5: Decision to mark volumes for destruction

45. I have been asked to set out, in full, my knowledge (if any) of the decision to mark the GEB volumes for destruction.

46. I have set out my involvement in the review of these volumes in detail above. I have no knowledge of the decision to mark GEB volumes containing ACVSB files for destruction. I was a Senior Medical Officer whose role was to provide specialist medical advice to other medical professionals in DH, administrator colleagues and Ministers. Decisions about retaining records were outside my competence, and would have been made by administrator colleagues. I would not expect to be asked about such matters. As stated at paragraph 32 above, I believe I would have noticed any obvious markings on the files which I reviewed in mid-1995.

47. However, the statement in para 4.2, second bullet point, of the Internal Audit, is surprising. I mention above that I had access to volumes 1 to 14 (except for volume 4) in May to June 1995, and they were being held in a nearby office in our building. This does not accord with the date of July 1993, when they were supposed to have been marked for destruction and sent to DRO. As I say at paragraph 36 above, at the point at which I reviewed these files they were held in a nearby administrative office.

48. I note that many of the minutes of the ACVSB meetings and accompanying papers were available to the Penrose Inquiry in Scotland.

Section 6: Other issues which may be relevant to the Inquiry's terms of reference on which I may be able to give evidence

49. I provided advice to medical and administrator colleagues and to the DH defence QC and team in the Haemophilia and HIV litigation. I helped in preparing lead cases.

50. I was involved in producing HSG(93)30 – Health Service Guideline on “Provision of haemophilia treatment and care”.

51. I was involved in setting up the “Hepatitis C and Blood Transfusion Look Back”. I was the contact for professional enquiries.

52. The ex-gratia payments to haemophiliacs infected with HIV were subsequently extended to recipients of liquid blood who were not haemophiliacs. I was involved in setting up a system to check that claimants were infected as a direct result of blood transfusion. I checked details for a small number of the early cases.

53. I was Chairman of a sub-group of MSBT which prepared “Guidance on the microbiological safety of human tissues and organs used in transplantation”.

54. I was Chairman of the Expert Advisory Group which prepared “Guidance Notes on the Processing, Storage and Issue of Bone Marrow and Blood Stem Cells” following an incident where several patients at a single centre developed hepatitis B within months of autologous marrow transplantation. I was the contact for professional enquiries.

55. I attended a number of committees while working at DH. The ones that may have relevance to the Inquiry are:

Expert on the Committee for Proprietary Medicinal Products (CPMP) Working Party on Biotechnology/Pharmacy; EC DG III	1990 – 1997
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Member of Committee of National Experts on Blood Self-Sufficiency in the European Community on the basis of voluntary unpaid donations EC DG V/E/1	1992 - 1997
Member of the Committee of Experts on Blood Transfusion and Immunohaematology (SP-HM) of Council of Europe.	1992-1997
Member of the SP-HM Bureau.	1994-1997
Observer on the UK Haemophilia Centre Directors Executive Committee.	1989-1997
Observer on the UK Haemophilia Centre Directors Organisation	1989 - 1997
Observer - National Blood Authority (and predecessor Committee CBLA - Central Blood Laboratories Authority)	1989-1996
Observer on the UKBTS/NIBSC Liaison Group responsible for the publication of the Guidelines for the Blood Transfusion Services in the United Kingdom	1989-1993

Statement of Truth

I believe that the facts stated in this written statement are true.

Signed _____

GRO-C

Dated

17th April 2021

Exhibits Table

Exhibit no	Document Date	Document Description
WITN4486002	October 2000	Volume 15 of The Report of the Public Inquiry into BSE
WITN4486003	30 October 1989	Agenda and minutes of the 4 th meeting of ACVSB
WITN4486004	2 July 1990	Agenda and minutes of the 7 th meeting of ACVSB
WITN4486005	27 th March 1996, 19 th April 1996, 23 rd April 1996 and 30 th October 1996	Letters from Dr Mortimer and Professor Zuckerman to Dr Rejman
WITN4486006	8 March 2000	Submission from Marilynne Morgan to Chris Kelly
WITN4486007	7 February 1995	Minute from Mr Scofield to Mr Kelly, Dr Rejman and Mr Burrage
WITN4486008	10 February 1995	Minute from Mr Scofield to Mr Blake, Dr Rejman cc-ed
WITN4486009	13 February 1995	Minute from Mr Scofield to Mr Blake, Dr Rejman and Mr Kelly cc-ed
WITN4486010	31 March 1995	Minute from Mrs James to Dr Rejman

WITN4486011	19 May 1995	Minute from Dr Rejman to Mrs James on HCV litigation – discovery progress
WITN4486012	Undated	Post-It Notes in Dr Rejman's handwriting detailing file references
WITN4486013	Various dates	GEB file dockets
WITN4486014	Various dates	DRO GEB file dockets
WITN4486015	June 1995	Document List entitled Hepatitis C Litigation: Documents 1989-1991 – Blood Transfusion
WITN4486016	7 June 1995	Minute from Dr Rejman to Mrs James attached to document list
WITN4486017	19 June 1995	Minute from Mrs James to Mr Hollebon
WITN4486018	29 April 1996	Minute from Dr Rejman to Ms McEwen on discovery for HCV litigation
WITN4486019	30 April 1996	Minute from Dr Rejman to Ms McEwen providing a postscript to 29 April minute
WITN4486020	26 June 1996	Minute from Dr Rejman to Ms McEwen with list of documents relevant to NANB Hepatitis before 1989
WITN4486021	29 July 1996	Minute from Ms McEwen to Dr Rejman

WITN4486022	31 July 1996	Minute from Dr Rejman to Ms McEwan providing information about responsibilities in CA OPU2
WITN4486023	2 August 1996	Minute from Ms McEwan to Dr Rejman in responding to 31 July minute
WITN4486024	1 October 1996	Email chain between Ms McEwen and Margaret Jackson-Roberts