

Miss GRO-A  
GRO-A

10<sup>th</sup> March 2017

Dear Miss GRO-A

**Re: Skipton Fund application (8835)**

We have received your completed Skipton Fund application form along with supporting documents.

Having considered the application, along with all other information contained within, it is with regret that I must advise you that your application has been declined. This is due to your period of intravenous drug use. The Skipton Fund has an expert report estimating the risks of blood transfusions before September 1991 and the risks of intravenous drug use and comparing those two risk factors as causes for hepatitis C. Intravenous drug use is considered a far greater risk factor for transmission of the virus than treatment with NHS blood prior to September 1991.

If you disagree with the outcome of your application you may apply to the independent Appeals Panel, which is chaired by an experienced lawyer and contains a haematologist, a hepatologist and a general practitioner. I enclose a copy of the Appeals Panel's guidance notes to help you decide if you would like your case to go to appeal or not.

If you do wish to appeal then please advise the fund formally in writing and return your application form.

Yours sincerely

Nicholas Fish  
Scheme Administrator

## THE SKIPTON FUND

PO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

## PART 5 - TO CONFIRM THE AUTHORITY OF RESPONDENT(S)

How long have you known the person in respect of whom you have completed this form?

9 years 0 months

Name of Clinician DR M NIKOVCE  
 Department GASTRO ENTEROLOGY  
 Hospital PETERBOROUGH CITY HOSPITAL  
 Address BRETTON GATE  
PETERBOROUGH  
 Post Code PE3 9GZ

Signature of Clinician

GRO-C

Hospital Stamp

Clinician's  
GMC number

3206531

How long have you known the person in respect of whom you have completed this form?

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

years months

Name of GP (if relevant)

Surgery

Address

Post Code

Signature of GP

Surgery Stamp &  
GMC number

By signing this form I confirm that the information contained within parts 2 - 5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

Please return the completed form to the Skipton Fund in the freepost envelope supplied

Thank you very much for your help in completing this form

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8835

Miss GRO-A

GRO-A

N5 5/1/16

## GUIDANCE NOTES FOR APPLICATION FORM FOR FIRST STAGE EX GRATIA PAYMENT OF £20,000.

## TO THE APPLICANT

Thank you for registering with the Skipton Fund. Please read these notes carefully before completing the form. Please also show these notes to the medical professional who you ask to complete the rest of the form after you have completed and signed Part 1.

## HOW TO COMPLETE THE FORM

Page 2 of the application form must be completed by the person making the claim. In nearly all cases this will be you, the infected person; if such a claimant is unable to complete the first two pages of the form, they can be completed by a representative as long as this is made clear on the form.

If the application is for a payment in respect of somebody who has died, the form asks for information about the deceased person.

All the rest of the form after page 2 must be completed by a medical professional, to whom you should give the form after you have completed and signed the first two pages. You should also give the guidance notes to that medical professional.

Generally this medical professional should be the principal clinician treating you or who had treated the deceased; this will probably be a clinician treating hepatitis C, but in the case of applicants with bleeding disorders, or in respect of someone deceased who had a bleeding disorder, it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your or the deceased person's General Practitioner, again with the guidance notes.

If you yourself have any records of how you or the deceased were infected, please give them to the medical professional who will be completing the remainder of the form.

When the medical professional has completed the form, he or she should send it to the Skipton Fund along with supporting documents where it will be processed. Provided that the information supplied confirms eligibility for a payment, this will be made as soon as possible after the receipt of the form by the Skipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Skipton Fund Helpline on (0207 808 1160). In case your call has to be recorded, please be ready to leave a telephone number to which it will be possible to return your call.

## TO APPLY FOR SECOND STAGE EX GRATIA PAYMENT

Before applying for the second stage payment a successful first stage application has to have been paid to confirm eligibility. If, after receiving the first payment, you believe that you are eligible for this payment, please ask the Skipton Fund for the relevant application form.

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PRIVATE AND CONFIDENTIAL

PRIVATE AND CONFIDENTIAL

## PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT, OR IN RESPECT OF SOMEONE WHO IS DECEASED

Please complete the following in block capitals:

If you are completing this form on behalf of somebody who is unable to do it himself or herself, please supply the following information about that person. If you are claiming in respect of somebody who is deceased, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other) MISS Surname GRO-A  
 First name GRO-A Middle name/s GRO-A  
 Address GRO-A  
CAMBS Post Code GRO-A

What is or was your relationship to this person?

myself

If the infected person has died and you did not supply the Skipton Fund with a copy of the death certificate during registration then please attach a copy to this form.

## PART 1B - TO BE COMPLETED BY THE APPLICANT OR THE PERSON MAKING THE APPLICATION ON BEHALF OF THE ESTATE IF THE APPLICANT IS DECEASED

## DATA PROTECTION - For living applicants only

Your personal information will only be used by the Skipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (England) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

By submitting this form to a medical professional, you consent to your medical details requested in Parts 2 - 4 being supplied to the Skipton Fund and the Department of Health (England) for the purpose of administering your application. If your application is ultimately deemed to be ineligible for the ex gratia payment your information will be deleted. If you have any questions regarding the use of your information, please contact 0207 808 1160.

Do you consent to the medical details requested in Parts 2, 3 and 4 being supplied to the Skipton Fund?

\*Delete as appropriate  
 YES ☒ NO ☐

If you have any records regarding your hepatitis C status (or that of the deceased person), please give them to the medical professional who will be completing the remainder of the form.

## For all applicants

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Skipton Fund on behalf of myself or, if applying in respect of a deceased person, that the estate has not previously applied for the first stage ex-gratia payment of £20,000 from the Skipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Skipton Fund and NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I wish to apply for a £20,000 ex-gratia payment.

Signature of applicant or the person making the application on behalf of the estate if the applicant is deceased

GRO-A

Date

7 9 2016

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## TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER

## NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.

Thank you for your help with this application.

In most cases this form will concern a patient who is known to you who has been infected with hepatitis C.

The purposes of this form are

- to confirm that the patient has been chronically infected
- to confirm that the infection most probably arose through treatment with NHS blood or blood products

If there are questions in this form relating to your patient that you cannot answer, please consult such other medical professionals as have treated your patient who would be able to provide such answers.

In some cases this form will concern a patient who had been infected with hepatitis C but who has since died. In such a case all the questions you are requested to answer refer to the deceased person.

In some cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A (or 2C), 2B, 4B and 5.

Please return this form, when completed, to the Skipton Fund in the freepost envelope supplied.

Skipton Fund Limited  
 Freepost NAT18555  
 London  
 SW1H 0BR



**PART 2A - TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT**Has an HCV antibody test ever been positive? ☒ YES/NO\*Is the applicant currently PCR/RNA positive? ☒ YES/NO\*If the applicant is currently PCR/RNA negative, is this as a result of past or ongoing interferon-based treatment? ☒ YES/NO\*

If the applicant is PCR/RNA negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?  
(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic hepatitis C.)

☒ YES/NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2A

**PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY**

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

☒ YES/NO\*

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

☒ YES/NO\*☒ YES/NO\*☒ YES/NO\*

Please provide details and a copy of test result to confirm which genotype the applicant is/was infected with

If any of the answers in part 2B is 'YES', please ignore the rest of parts 2 (unless the eligible person is deceased), 3 & 4A and go to part 4B.

**PART 2C - TO CONFIRM THAT A PERSON NOW DECEASED WOULD HAVE BEEN ELIGIBLE FOR PAYMENT**Did the deceased person ever test positive for HCV antibodies? ☒ YES/NO\*Was the deceased person PCR/RNA positive at the time of death? ☒ YES/NO\*

If at the time of death the applicant was PCR/RNA negative was this as a result of interferon-based treatment? ☒ YES/NO\*

If the deceased person died before tests for hepatitis C were available, was a diagnosis of non-A, non-B hepatitis associated with receipt of a blood transfusion, blood component or blood products made? ☒ YES/NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2C

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**PART 3 - TO BE COMPLETED ONLY IN RESPECT OF INFECTED PEOPLE, WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS**

i) Please confirm that the infected person has/had or is/was a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder)

☒ YES/NO\*

ii) Were any of the following used to treat the infected person before 1 September 1991?

(please tick where appropriate)

Factor VIII concentrate ☐Factor IX concentrate ☐Cryoprecipitate ☐FEIBA ☐Plasma/FFP ☐Whole blood or components ☐

(components include platelets, red cells, neutrophils etc)

Did treatment include repeated doses? ☐☒ YES/NO\*Other coagulation factor concentrate ☐

If so which?

iii) In which NHS hospital(s) did the infected person receive the products listed before 1 September 1991?

iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's hepatitis C infection was caused through treatment with NHS blood or blood products received before that date?

☒ YES/NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

If part 3 has been completed ignore part 4A and go straight to part 4B.

\*Delete as appropriate

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**PART 4A - TO CONFIRM THAT INFECTION MOST PROBABLY AROSE THROUGH NHS TREATMENT. (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)**

i) When, where and how is it believed that infection occurred?

When? (date)  ? unsure before 1989Where? (in what NHS hospital or other facility)  PETERBOROUGH.

How? (during surgical procedures, A&amp;E treatment, etc) Please specify.

Transfused for anaemia before 1989 in Peterborough District Hospital. See attached letter.

ii) Do any records exist of this possible occasion of infection?

If YES, please specify and enclose a copy of the relevant records

LETTER only to GP

iii) If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991?

☒ YES/NO\*

iv) Were any of the following used to treat the applicant before 1 September 1991?

(please tick where appropriate)

Intravenous immunoglobulin ☐Plasma/FFP ☐Albumin ☐DEFIX ☐Bone marrow ☐Whole blood or components ☒

(components include platelets, red cells, neutrophils etc)

If so, for what purpose, and did the treatment involve repeated doses?

Anaemia

v) Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)?

☒ YES/NO\*

If YES, please specify

\*Delete as appropriate

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**PART 4B - OTHER POSSIBLE SOURCES OF INFECTION**

Based on evidence or your experience, has/had the infected person been treated for intravenous drug use?

☒ YES/NO\*

Has/had the infected person ever received hospital treatment outside the UK?

If YES, what treatment and where?

☒ YES/NO\*

no

Is there any other evidence that might affect the eligibility of the infected person for payment?

If YES, please specify?

☒ YES/NO\*

history of intravenous drug abuse.  
Hepatitis C diagnosed 1996

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

If NO, please give your reasons?

☒ YES/NO\*

Difficult to be sure of acquisition  
as history of (iv) drug abuse in  
addition to blood transfusion  
before 1989

\*Delete as appropriate

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# Registration Form

www.skiptonfund.org e-mail:apply@skiptonfund.org Tel: 020 7808 1160

If you think you qualify for an ex gratia payment because you were infected with Hepatitis C as a result of National Health Service treatment with blood or blood products, please complete and return this form. A formal application form will then be sent to you as soon as possible. You may wish to call the Skipton Fund or refer to the guidance on the website (www.skiptonfund.org) if you are not sure about your eligibility for the scheme.

ANYBODY REGISTERED WITH THE MACFARLANE TRUST NEED NOT COMPLETE THIS FORM.

Please complete ALL sections of the form and send it to:

The Administrator,  
The Skipton Fund,  
PO Box 50107,  
London SW1H 0YF

or e-mail to: apply@skiptonfund.org

Account Number:

For Office Use Only

RECEIVED 05 SEP 2016

TRACED

08 NOV 2016

Title ~~Mr/Ms/Miss/Mrs~~ Delete where appropriate

Name

GRO-A

Address

GRO-A

GRO-A

Post Code

GRO-A

Daytime telephone number:

GRO-A

Is it acceptable for the Skipton Fund to call this number and leave a message? YES ☒ NO

E-mail:

(if applicable)

National Insurance Number

GRO-A

NHS Number

GRO-A

Date of birth:

GRO-A

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If you are registered with a Haemophilia Centre, please complete as follows:

NO,

Name of Centre

If you qualify, payment will be made direct to your Bank or Building Society account. If, for whatever reason, you do not qualify then these details will be disposed of.

Name of Bank/Building Society:

BARCLAYS BANK

Name the account is held in: MISS

GRO-A

Sort Code:

GRO-A

Account Number:

GRO-A

or

Building Society Roll No:



Miss GRO-A  
GRO-A

22<sup>nd</sup> February 2017

Dear Miss GRO-A

**Re: Skipton Fund Ex Gratia Payment Application (8835)**

We have recently received your application along with a copy of medical records relating to your treatment with NHS blood products in the late 1980s.

Before we are able to proceed with your application we still require documentary evidence confirming that you were previously hepatitis C PCR positive or evidence that you have undergone successful treatment as per the answer provided by your clinician in part 2A of your application form. Therefore please obtain and forward to us a copy of a page of your medical records which confirms either.

The Skipton Fund can only process information that is provided by the medical practitioners completing the forms, we cannot request medical records and in the circumstances the only course of action open to me is to write to request that you obtain the necessary supporting documentation.

If you require any further assistance then please do not hesitate to contact us at the Skipton Fund.

Yours sincerely

Shane Baker  
Senior Scheme Assistant

Dept of Gastroenterology + Hepatology 302

Peterborough City Hospital  
Edith Cavell Campus  
Bretton Gate, Bretton  
Peterborough  
PE3 9GZ

Hospital No:  
NHS No:  
Clinic date:

GRO-A

Direct Line: 01733 673875  
Fax: 01733 676786  
Switchboard: 01733 678000

Transcribed: 28 Feb 2017  
Reference: KB/KB

PRIVATE AND CONFIDENTIAL

Miss GRO-A

GRO-A

*EVIDENCE  
letter as requested  
by yourselves re:  
my application form  
for Hep. C. / cholestasis  
via N.H.S.  
blood products  
pre 1992*

Dear Miss GRO-A

Miss GRO-A DOB GRO-A 1961

GRO-A

GRO-A

Following our recent telephone call, I enclose for your records to assist you with your Skipton Fund Application, copies of your microbiology results that show your previous positive HCV RNA test and Genotype 3, also your most recent test that shows you are now HCV RNA not detected.

I can confirm also that your most recent fibroscan result shows a Median of 24kpa / F4 - cirrhosis, your Dexa scan show Osteopenia.

If you require any further supporting information please do not hesitate to let me know.

*As this is a clinical letter written from one professional to another, it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents, please discuss this with your GP.*

Yours sincerely

GRO-C

Electronically signed by  
Ms Katherine Barry  
Hepatology Nurse Specialist

Distribution:

Miss: GRO-A (Patient) — post

*As this is a clinical letter written from one professional to another, it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents, please discuss this with your GP.*

Patient name: MISS GRO-A

Hospital number: GRO-A

NHS number: GRO-A



## Peterborough City Hospital

Printed by barryk1(Katherine Barry) at 28 Feb 2017 13:22

Patient name: MISS GRO-A Hospital Number: GRO-A Sex: Female  
Date of birth: GRO-A 1961 NHS number: GRO-A  
Address: GRO-A

Reported	Specialty	Location	Clinician	Status
27 Nov 2015 14:02	Microbiology	X Boroughbury Medical	Dr RE BEESLEY (General Practice)	UN

Requested by Dr Ninkovic  
Spec.Type: VB Virus serology Site: , Hepatitis C

Sample S,15.0046247.JA (SPEC.TYPE: VB VIRUS SEROLOGY SITE: , HEPATITIS C) Collected 26 Nov 2015  
11:00 Received 26 Nov 2015 15:53

### BBV screening

#### BBV screening

Clin info: Requested by Dr Ninkovic  
SPECIMEN : , Hepatitis C  
COLLECTED: 26.11.15

Hepatitis C screen : REACTIVE  
known Hep C positive  
Please see report number 46248 for result of HCV viral load

Date received: 26.11.15 Date authorised: 27.11.15 Authorised by: SJM  
Peterborough Clinical Microbiology Lab - Telephone 01733-678437

End of report

sent to patient  
Supton Fund support



Patient name: MISS GRO-A  
Hospital number: GRO-A  
NHS number: GRO-A



## Peterborough City Hospital

Printed by barryk1(Katherine Barry) at 28 Feb 2017 13:22

Patient name: MISS GRO-A Hospital Number: GRO-A Sex: Female  
Date of birth: 17 May 1961 NHS number: GRO-A  
Address: GRO-A

Reported	Specialty	Location	Clinician	Status
29 May 2015 16:34	Microbiology	PCH Outpatients	DR M NINKOVIC (General Medicine)	UN

Filed by sunquest (Sunquest Administrator) at 28 Jan 2016 04:05, Reason: Auto Filed

HEP C Cirrhotic  
Spec.Type: VB Virus serology Site: , Hepatitis C Les.: , genotyping

Sample S,15.0018028.NA (SPEC.TYPE: VB VIRUS SEROLOGY SITE: , HEPATITIS C LES.: , GENOTYPING) Collected 07 May 2015 11:00 Received 07 May 2015 15:58

### PCR

#### PCR

Clin info: HEP C Cirrhotic  
SPECIMEN : VB Virus serology  
                  , Hepatitis C , genotyping  
COLLECTED: 07.05.15

-----  
Report received from PHL ADDENBROOKES  
Ref.No. ml15136d0102  
HCV Genotyping : Hepatitis C virus type 3 identified  
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Date received: 07.05.15 Date authorised: 29.05.15 Authorised by: KSM  
Peterborough Clinical Microbiology lab. - Telephone 01733-678437

End of report

sent to patient  
Skipton Fund supporting info

Patient name: MISS **GRO-A**  
Hospital number: **GRO-A**  
NHS number: **GRO-A**



## Peterborough City Hospital

Printed by barryk1(Katherine Barry) at 28 Feb 2017 13:22

Patient name: MISS **GRO-A** Hospital Number: **GRO-A** Sex: Female  
Date of birth: **GRO-A** 1961 NHS number: **GRO-A**  
Address: **GRO-A**

Reported	Specialty	Location	Clinician	Status
15 May 2015 11:18	Microbiology	PCH Outpatients	DR M NINKOVIC (General Medicine)	UN

Filed by sunquest (Sunquest Administrator) at 28 Jan 2016 04:04, Reason: Auto Filed

HEP C Cirrhotic  
Spec.Type: VB Virus serology Site: , Hepatitis C Les.: , viral load

Sample S,15.0018027.GA (SPEC.TYPE: VB VIRUS SEROLOGY SITE: , HEPATITIS C LES.: , VIRAL LOAD) Collected  
07 May 2015 11:00 Received 07 May 2015 15:58

### PCR

#### PCR

Clin info: HEP C Cirrhotic  
SPECIMEN : VB Virus serology  
, Hepatitis C , viral load  
COLLECTED: 07.05.15

HCV Viral load assay  
HCV viral RNA = 767,362 IU per ml.  
LOG (viral load) 5.89 IU per ml.  
Please note assay range= 12-100000000 IU/mL

Date received: 07.05.15 Date authorised: 15.05.15 Authorised by: MSDM  
Peterborough Clinical Microbiology lab. - Telephone 01733-678437

End of report

*Sent to patient  
pre-Antiviral therapy  
Scripion and Suppemo info*

Patient name: MISS GRO-A  
Hospital number: GRO-A  
NHS number: GRO-A



## Peterborough City Hospital

Printed by barryk1(Katherine Barry) at 28 Feb 2017 13:23

Patient name: MISS GRO-A Hospital Number: GRO-A Sex: Female  
Date of birth: GRO-A 1961 NHS number: GRO-A  
Address: GRO-A

Reported	Specialty	Location	Clinician	Status
20 Sep 2010 14:55	Microbiology	DO NOT USE	MR P LEONG (ENT)	UN

HEP C POSITIVE - NO RX ?GENOTYPE  
Spec.Type: VB Virus serology Site: , Hepatitis C

Sample S,10.0026695.MA (SPEC.TYPE: VB VIRUS SEROLOGY SITE: , HEPATITIS C) Collected 07 Sep 2010  
16:15 Received 09 Sep 2010 18:00

### PCR

#### PCR

Clin info: HEP C POSITIVE - NO RX ?GENOTYPE  
SPECIMEN : VB Virus serology  
, Hepatitis C  
COLLECTED: 07.09.10

Report received from CAMBRIDGE  
Lab.No. 10:MD29209R  
Hepatitis C PCR :-  
Hepatitis C virus TYPE 3 IDENTIFIED  
HCV Viral load assay  
HCV viral RNA =  $8.14 \times 10^5$  IU per ml.  
LOG (viral load) 5.91

Date received: 09.09.10 Date authorised: 20.09.10 Authorised by: DE  
Peterborough PHL/Microbiology lab. - Telephone 01733-874657

End of report

Sent to patient  
Scripts n fund supporting info



Patient name: MISS GRO-A  
Hospital number: GRO-A  
NHS number: GRO-A



## Peterborough City Hospital

Printed by barryk1(Katherine Barry) at 28 Feb 2017 13:23

Patient name: MISS GRO-A Hospital Number: GRO-A Sex: Female  
Date of birth: GRO-A 1961 NHS number: GRO-A  
Address: GRO-A

Reported	Specialty	Location	Clinician	Status
19 Oct 2016 11:08	Microbiology	PCH Outpatients	DR M NINKOVIC (General Medicine)	UN

HCV Cirrhotic 6/12 post antiviral t  
Spec.Type: VB Virus serology Site: , Hepatitis C Les.: , viral load

Sample S,16.0035183.PA (SPEC.TYPE: VB VIRUS SEROLOGY SITE: , HEPATITIS C LES.: , VIRAL LOAD) Collected  
12 Oct 2016 15:25 Received 13 Oct 2016 08:12

### PCR

#### PCR

Clin info: HCV Cirrhotic 6/12 post antiviral t  
SPECIMEN : VB Virus serology  
, Hepatitis C , viral load  
COLLECTED: 12.10.16

HCV Viral load assay  
HCV viral RNA = NOT detected  
Please note assay range= 12-100000000 IU/mL

Date received: 13.10.16 Date authorised: 19.10.16 Authorised by: KSM  
Peterborough Clinical Microbiology lab. - Telephone 01733-678437

End of report

Sent to patient  
Skipron Fund Supporting information  
post antiviral therapy





PETERBOROUGH HEALTH AUTHORITY

PETERBOROUGH DISTRICT HOSPITAL

THORPE ROAD PETERBOROUGH PE3 6DA

TEL 0733 67451

Department

Psychiatry

Our Ref: RC/SH/271554

Your Ref:

Please ask for

Dear Dr. Watson,

14th July 1989

GRO-A

GRO-A

I gather that you have taken over the care of GRO-A who has been without a G.P. for the last few months. Therefore, we have been seeing her on a regular basis at the Clinic.

As you are probably aware, she is a registered Amphetamine addict currently taking 10 x 5mg Dexedrine a day; a prescription that has rather increased in the last few months. She, however, is not taking any street drugs and feels this is a comfortable level for her. She recently had a haemorrhoidectomy for bleeding piles which were discovered after they came symptomatic Hb of about 7. She, however, continues since the operation to run at a level of about 9.6 with a hypochromic microcytic picture and her serum iron is below 5. She still seems tired and I have agreed to start her on Fersamal 5ml t.d.s. as the Pharmacist feels it would be less likely to cause any constipation which she is, of course, rather afraid of. She tells me she is sticking to a high fibre diet and is still taking Fybogel Orange as well. I am not sure of the cause of her anaemia at the moment but I understand that she was operated on with a rather low haemoglobin, even though she did receive a blood transfusion beforehand and she continues to have very heavy periods at the moment but denies any problems with her back passage.

week, which  
continue to monitor her

Yours sincerely

h  
NORTH



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**Peterborough and Stamford Hospitals**  
NHS Foundation Trust



**Peterborough City Hospital**  
Edith Cavell Campus  
Bretton Gate  
Peterborough  
PE3 9GZ

Tel: 01733 678000  
(If DDI prefix extension number with 67)  
[www.peterboroughandstamford.nhs.uk](http://www.peterboroughandstamford.nhs.uk)

*With Compliments*

SKIP0000065\_005\_0014