

Regional Transfusion Centre
Foresterhill Road
Foresterhill
ABERDEEN
AB9 2ZW

Tel: (0224) - 685685
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ABERDEEN AND NORTH EAST SCOTLAND
BLOOD TRANSFUSION SERVICE

Dept of Transfusion Medicine
Aberdeen Royal Infirmary
Foresterhill
ABERDEEN
AB9 2ZW

Tel: (0224) - 681818
Ext:
Fax: (0224) - 682200

Please reply to:- Regional Transfusion Centre

STRICTLY PRIVATE AND CONFIDENTIAL

Please quote reference number on all communications

PY/JM/DLHCV3.doc

26th April 1995

Dr S J Lynch
2 Calsayseat Road
Aberdeen
AB2 3UY

Dear Dr Lynch

HEPATITIS C LOOK-BACK
ALEXANDER LAING, (07.12.23), 6 HILTON STREET, ABERDEEN,

We have been reviewing the records of previous donations from donors now known to be infected with Hepatitis C. The Health Departments have decided that the recipients of blood transfusions originating from such donors should be traced so that they may be offered appropriate counselling, testing and follow-up including consideration of treatment.

According to the available records, the above patient was transfused with a presumed Hepatitis C positive blood component on 7/8/90 while under the care of Mr Keenan at Aberdeen Royal Infirmary. Mr Keenan is aware that I am approaching you with this request.

In accordance with the Health Department's guidance, the patient will need to be approached with a view to counselling and testing to determine his HCV status. If you are willing to undertake this role, we will provide details of the blood samples needed, and where these should be sent, and we will offer any further support or advice which you may need. If, on the other hand, you would like us to notify and counsel the patient we are happy to do so.

I would be grateful if you would complete the enclosed questionnaire, which you may wish to photocopy for your records, and return the original to the Transfusion Centre so that we may complete our records for this blood component. The questionnaire also asks for your intentions in relation to counselling. Please be sure to inform me of the results of any investigations for Hepatitis C performed on your patient.

DLHCV3

Regional Director: Dr S J Urbaniak
Consultant: Dr P Yates
Laboratory Manager: Mr T McQuillan

Donor Services Manager: Miss P Jack
Business Services Manager: Mr I Elder
Quality Assurance Manager: Mr R Main

S	FILE	<input checked="" type="checkbox"/>
T	TELL PT. NORMAL	<input type="checkbox"/>
C	MAN. COMPONENT	<input type="checkbox"/>
2	DESCRIPTION	<input checked="" type="checkbox"/>
3	NOTE PLANE	<input type="checkbox"/>
4	COMP. CHANGE	<input type="checkbox"/>
5	UPDATES COMPONENT LIST	<input type="checkbox"/>
6	UPDATE COMPONENT FILE	<input type="checkbox"/>
7	NURSE	<input type="checkbox"/>
8	FUND	<input checked="" type="checkbox"/>

27 APR 1995

File in his notes

-2-

In rare cases, you may feel that informing the recipient is inadvisable. In this situation, I would be grateful for details on the enclosed form. For those who are known to have gone abroad, please return what details you have about their current whereabouts and/or attending physician.

Please do not hesitate to contact me if you have any questions or concerns arising out of this letter. I shall be pleased to advise you regarding referral of Hepatitis C recipients who may require further assessment.

With many thanks.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P Yates', written in a cursive style.

Dr P Yates
Consultant

Enc. 1 Form LBF2