



Dr. M. CONTRERAS
 XXXXXXXXXXXXX
 Director

NATIONAL BLOOD TRANSFUSION SERVICE

NORTH LONDON BLOOD TRANSFUSION CENTRE
 DEANSBROOK ROAD
 EDGWARE, MIDDX
 HA8 9BD

Telephone: [REDACTED]

PEH/AS

16th January, 1985.

Dr. D.B.L. McClelland,
 South-East Scotland Regional
 Blood Transfusion Service,
 Royal Infirmary,
 Edinburgh, EH3 9HB

RECEIVED
 SOUTH-EAST SCOTLAND REGIONAL
 BLOOD TRANSFUSION SERVICE
 21 JAN 1985

Dear Brian,

As promised, I am sending you a copy of our "AIDS questionnaire", explanatory note for donors, and revised AIDS leaflet. This questionnaire has been in use for almost 6 months now, and this is our revised version - with parts re-worded in an attempt to avoid any misunderstanding on the part of donors. The completed questionnaires are returned to the RTC with the blood, and are then examined to see if there are any "double ticks" (positive responses). These donations are removed before any processing of the blood. Our main problem has been the lack of a questionnaire from every donor. At present we have a member of staff in the Centre putting the returned questionnaires in numerical order and any numbers which are missing are traced. In addition, a small proportion of donors fail to tick the first box, which we cannot ignore, as this implies they have not fully understood. When we contact these donors, it is almost invariable to find they misread or misinterpreted the questions (apart from one who didn't have his reading glasses and didn't want to admit he couldn't read it!). Although this is not a large problem at present (our West End Donor Centre collects only ~ 15% of the total donations) this could be a significant amount if extended to all our sessions - which we are seriously considering. Although we are coping at present, we cannot extend it until we have additional staff, as there is a significant amount of extra work involved. We have had only one refusal to fill in the questionnaire, and we correctly assumed this donor was in a "high-risk" group.

I am also enclosing the "Some Reasons Why You Should Not Give Blood" leaflet which we devised to overcome the reluctance of donors to pick up and read a leaflet on AIDS. Although all our donors at the West End Donor Clinic must read the AIDS leaflet, there is a room in which the donor can have privacy. At our sessions, men are very reluctant to pick up the AIDS leaflet; but the new one has proved very popular, and we are printing hundreds each week, as they are taken away by the donors. Our other recent change

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has been to overprint our call-up cards with "We are asking homosexuals not to donate". We have had 1 or 2 protests, but a generally favourable response!

With best wishes,

Yours sincerely,

Pat

DR. PATRICIA E. HEWITT
Deputy Director

Encl.

P.S. I apologise for the delay. In addition to our perpetual blood shortage, we are now short of secretarial help as well!

I have not forgotten about the promised draft of our paper - we are still awaiting news from the journal involved.

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Telephone: [REDACTED]



Dr. M. CONTRERAS

Director

Dear Donor,

Because of the current concern about the disease AIDS, which can be transmitted by blood products, we are asking all our donors, at each attendance, to complete the enclosed questionnaire in order to try and reduce this risk to a minimum.

After booking in, would you please ...:

1. READ THE A.I.D.S. LEAFLET.
2. ENTER THE SIDE-ROOM ON THE LEFT AS YOU APPROACH THE MAIN CLINIC. (One donor at a time.)
3. COMPLETE YOUR QUESTIONNAIRE IN CONFIDENCE.
4. POST IT IN THE SPECIAL BOX PROVIDED.
5. TAKE A SEAT OUTSIDE, READY TO ENTER THE MAIN CLINIC AND DONATE.

THANK YOU FOR YOUR COOPERATION.

Please do not take this form away with you.



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Director

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EDGWARE, MIDDX
HAB 9BD

Telephone: [REDACTED]

Dear Donor

Please write your donation number in the space below. This number is the six digit number, followed by "W" and another digit or letter, on the sticky labels clipped to your donor card.

Donation Number Date

Have you read the AIDS leaflet? If so please tick the box.

If you think that you may be in a HIGH RISK GROUP as defined in the leaflet and you would still like to donate please tick the box.

In this case, we shall use your blood for research purposes only.

ONLY TICK THIS SECOND BOX IF YOU ARE IN A HIGH RISK GROUP.

All information provided by you on this sheet will be kept strictly confidential.

Finally, please fold this form and put it in the box provided.

In Confidence

Keipi Thantun

NOK: BAC 21.07.2011
 I assume you are ~~not~~ from 1985
 as regards to the sent by
 r/continues (letter to me 16.07.85)
 MHC

Answer questions

- (1) I think we have got it about right.
- (2) enclosed is the Edgermont approach: I don't think it offers advantages and is certainly cumbersome. What do you think.
- (3) please could you send drafts to Cogg and ask for comments by return (he's likely to delay)
- (4) I have asked R.W. to bring relevant lab staff to answer next meeting Wed 6/Feb 10am so the lab handling problem can be dealt with ~~it~~ Don't order print before then.
- (5) please could you call Pat Hewitt Edgermont to send her leaflet "Some reasons why you shouldn't donate blood". (it wasn't enclosed)



lines produced in this study secreted a high titre of antibody which protected mice against challenge with tetanus toxin. This could therefore be a first step towards prophylaxis or therapy of tetanus in human using monoclonal antibodies. The production and characterization of these Mc Ab are described in detail in chapter 6.

**SOME REASONS WHY
YOU SHOULD NOT
GIVE BLOOD**

**PLEASE TAKE THIS LEAFLET
AWAY WITH YOU.**

**Please read this leaflet
before seeing the receptionist**

Although we are always very grateful to volunteer blood donors, in certain cases we regret being unable to accept a donation.

Sometimes this may be to protect you, the donor, from ill effects.

Sometimes it may be to protect the blood recipient from ill effects.

Some of the conditions in which it is NOT advisable and/or acceptable to give blood are:

1. If you are, or might be PREGNANT or if you have had a baby within the last year.

A blood donation contains a large amount of iron. Your body needs more iron than usual during pregnancy and it takes time to build up its stores of iron again.

2. If you have had any of the following in the last 6 months:-

ACUPUNCTURE - EAR PIERCING
ELECTROLYSIS - TATTOOS

there is a very small risk of viral infection transmitted by needles and the incubation period may be up to 6 months.

3. If you have ever had BRUCELLOSIS, or GLANDULAR FEVER within the last two years or JAUNDICE (HEPATITIS) in the last year or had close contact with a case of VIRAL HEPATITIS in the last six months.
4. If you have had a blood transfusion or major operation in the last 6 months; or a minor operation in the last 3 months.

5. If you belong to any of the groups listed in the leaflet about A.I.D.S. (Acquired Immune Deficiency Syndrome), and these are:

- PRACTISING MALE HOMOSEXUALS AND BISEXUALS.
- INTRAVENOUS DRUG USERS.
- PERSONS BORN IN HAITI, ZAIRE, THE CONGO AND SURROUNDING COUNTRIES, and
- SEXUAL PARTNERS OF ALL THESE GROUPS.

The leaflet will give you more information.

6. If you have travelled to a TROPICAL AREA within the LAST 3 MONTHS.
7. If you have ever had CANCER.
8. If you are not feeling "100%" fit today - because you are more likely to feel unwell after donation, and you may be incubating an infection which could be passed on in your blood.

If any of the above reasons apply to you, please do NOT give blood today. Ask to see the Medical Officer if you have any doubts or questions; all information will be treated in strict confidence. If you have any worries, which you would like to discuss in greater detail, phone the Transfusion Centre (952 5511) and ask to speak to the Doctor.

PLEASE REMEMBER There are good reasons for not giving blood if you fall into any of these groups - so please let us know. Thank you for your help and support. If you cannot donate blood - why not persuade a relative or friend to do so instead? Patients need blood and blood derivatives more and more, every day.

File A

COPY

MEMORANDUM

From: M. Thornton

To: Sister MacDonald
Dr. Davidsoncc: Dr. McClelland
Dr. Gillon
A. Ravie

Date: 18th January, 1985.

AIDS

This is an update of my memo to Dr. Gillon on 26th November and has been agreed with Dr. McClelland.

I have a confidential file relating to donors who advise us that they will not be donating due to being in an AIDS risk group, or who contact us for advice (this includes those who resent advice and "storm out"). This file will be passed to the care of Dr. Gillon on his return from the States. In the meantime, the system operates as follows.

1. The donor record card is placed in a special file off-service and marked "Voluntarily off-service. See confidential file." Staff who interview such donors should NOT put remarks on donor card but make out special report for me.
2. The confidential file contains a copy of the donor card, staff report on interview or incident, copy of any letter sent to donor, reply slip or any other relevant information.

Dr. McClelland is preparing a basic letter for all these donors. The letter can be amended according to individual case, although you may not always want to send a letter, e.g. when the matter has been fully discussed over the telephone. In such cases a report for the file will suffice. The file exists so that information on all these donors can be found in one location.

If information/query comes in via Donor Office, I will pass to Dr. Davidson with recommendation re letter and file copy.