

## GUIDANCE NOTES FOR APPLICANTS

This form is for applicants who have never joined the Scottish Infected Blood Support Scheme, or any of the UK Schemes (e.g. Skipton Fund) with regards to Hepatitis C payments, and either:

- Were infected by Hepatitis C as a result of treatment they received themselves with NHS blood, tissue, or blood products

Or

- Were infected by Hepatitis C as a result of the virus being transmitted from someone else, who themselves were infected by Hepatitis C as a result of treatment they received with NHS blood, tissue, or blood products

**If your circumstances differ to the above, please contact the Scottish Infected Blood Support Scheme for guidance.**

This form allows you to apply for chronic Hepatitis C payments under the Scottish Infected Blood Support Scheme.

Further details are available on our website at [www.nhsnss.org/SIBSS](http://www.nhsnss.org/SIBSS)

## HOW TO APPLY

You should first complete all parts in Section 1 of this form. You should then pass this form in its entirety to a medical professional, who will complete the remaining sections. The medical professional must then send the completed form directly to the Scottish Infected Blood Support Scheme.

Generally, the medical professional should be the principal clinician treating you. This will probably be the clinician treating you for Hepatitis C, but in the case of applicants with bleeding disorders (such as haemophilia), it may be a haematologist.

If you do not have a clinician you can give this form to, you should ask your General Practitioner to complete it.

If you have any records of how you were infected, please pass copies of them to the medical professional who will be completing the remainder of the form.

## GUIDANCE NOTES

### **WHAT HAPPENS NEXT**

When the medical professional has completed the form, they must send it along with copies of all relevant records direct to the Scottish Infected Blood Support Scheme. Provided that the information supplied confirms you are eligible to receive payment, you will receive a letter from the scheme to confirm this and will be asked to provide your bank details and any identification required at that point.

### **HELP WITH THIS FORM**

If you require any assistance in completing this form, please contact the Scottish Infected Blood Support Scheme on 0131 275 6754.

FORM A

APPLICATION TO JOIN THE PAYMENT SCHEME  
NEW CHRONIC HEPATITIS C APPLICATIONS

SECTION 1(A)

DATA PROTECTION AND APPLICANT'S DECLARATION

✓ Please tick to confirm

**I understand that** data I provide may be shared with NHS service providers and Counter Fraud Services to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime.

### DECLARATION BY APPLICANT

**I agree** that the information I give on this form is complete and correct.

**I agree** to repay any money I receive to which it is found that I am no longer entitled.

**I understand** if I knowingly give wrong or incomplete information I may be prosecuted.

**I have not** received payment from any other UK scheme as a result of my Hepatitis C infection.

**I agree** to NHS National Services Scotland obtaining any data held on me by the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

**I understand** that NHS National Services Scotland may require to access data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application.

Signature of  
Applicant

Date

### HOW WE USE YOUR INFORMATION

Under the Data Protection Act 1998, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data.

We only collect essential personal information required to process applications and make payments under the Scottish Infected Blood Support Scheme. This includes:

- a) Your demographic information, marital status, National Insurance number and CHI number (this is a national database of all patients with NHSScotland, which ensures correct identification of patients).
- b) Details of your healthcare providers and the care you have received.
- c) Bank account details.

**SECTION 1(B) APPLICANT DETAILS**

Title  First Name

Middle Name(s)  Surname

Previous Names

Address

(this must be your main residence)

Post Code

Home Telephone  Mobile Telephone

E-Mail Address  Date of Birth

NHS Scotland CHI Number (if known)  National Insurance Number

What is your marital status?

| Tick One Option Below | <input checked="" type="checkbox"/> |
|-----------------------|-------------------------------------|
| Married               | <input type="checkbox"/>            |
| Civil Partnership     | <input type="checkbox"/>            |
| Widowed               | <input type="checkbox"/>            |
| Divorced              | <input type="checkbox"/>            |
| Separated             | <input type="checkbox"/>            |
| Single                | <input type="checkbox"/>            |
| Living with Partner   | <input type="checkbox"/>            |

Have you ever applied to any of the UK schemes (e.g. Skipton Fund) to receive payments with regards to your Hepatitis C infection?

Yes  No

If 'Yes', please advise what the outcome of your application was

**SECTION 1(C) ADDITIONAL APPLICATION DETAILS**

Do you believe you were infected with Hepatitis C as a result of treatment you received yourself with NHS blood, tissue, or blood products?

Yes  No

If 'Yes', please provide as much information as you can on how and when you believe this infection occurred

Alternatively, do you believe you were infected with Hepatitis C as a result of the virus being transmitted from someone else, who themselves were infected as a result of treatment with NHS blood, tissue, or blood products?

Yes  No

If 'No' this section is complete, if 'Yes' please provide further details below:

How do you believe the infection occurred?

Who do you believe you received this infection from?

|                |                      |            |                      |
|----------------|----------------------|------------|----------------------|
| Title          | <input type="text"/> | First Name | <input type="text"/> |
| Middle Name(s) | <input type="text"/> | Surname    | <input type="text"/> |
| Address        | <input type="text"/> |            |                      |
|                | <input type="text"/> |            |                      |
|                | <input type="text"/> | Post Code  | <input type="text"/> |

What is/was your relationship to this person?

Have they ever registered with the Scottish or UK support schemes? Yes  No  Unknown

If known, please advise which scheme(s)

**SECTION 1(D)    ADDITIONAL INFORMATION**

If you have any additional information you would like to provide, please add it here:

**Once you have completed all parts of Section 1, please pass the form to a medical professional to complete.**

**The medical professional will complete the remainder of the form and return it directly to the Scottish Infected Blood Support Scheme on your behalf.**

**THE FOLLOWING SECTIONS MUST BE COMPLETED BY A  
MEDICAL PROFESSIONAL**

**GUIDANCE NOTES FOR MEDICAL PROFESSIONALS**

Thank you for your help with this application. In most cases this form will concern a patient who is known to you and who had been infected with Hepatitis C.

**Sections 2-5 of this form should be completed in all cases.** The purpose of these sections is:

- To confirm that the applicant had been chronically infected with Hepatitis C

And

- To confirm that the infection most probably arose through treatment with NHS blood, tissue or blood products

If there are questions in this form relating to the applicant that you cannot answer, please consult other medical professionals who have treated the applicant and who would be able to provide the information.

In some cases this form will concern a patient who had been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) infected themselves through NHS treatment.

*Please note that from May 1987, the majority of blood products used in Scotland were successfully treated against Hepatitis C. The population at risk after that date was therefore primarily those patients undergoing blood transfusion only. Hepatitis C screening of blood across the whole UK did not begin until 1<sup>st</sup> September 1991, so those receiving blood transfusions between May 1987 and 1<sup>st</sup> September 1991 were still at risk of HCV infection.*

*Prior to the achievement in Scotland of successfully heat-treated concentrates (from October 1985 for Haemophilia B and from May 1987 for Haemophilia A), a patient was likely to have been infected with HCV by their treatment with concentrates, whether commercial or NHS. Haemophilia A is treated with Factor VIII concentrate and Haemophilia B is treated with Factor IX concentrate.*

When complete, please return this form along with all relevant documents direct to the following address:

Scottish Infected Blood Support Scheme  
Practitioner Services  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**SECTION 2(A) MEDICAL PROFESSIONAL'S DECLARATION**

✓ Please tick to confirm

**I understand that** data I provide may be shared with NHS Counter Fraud Services to ensure accurate payment and for the purposes of prevention, detection and investigation of crime.

**DECLARATION BY MEDICAL PROFESSIONAL**

**I agree that** the information I give in Sections 2-5 of this form is complete and correct.

**I understand that** if I knowingly give or endorse wrong or incomplete information this may result in disciplinary action and I may be prosecuted.

Signature of  
Medical  
Professional

Date



**SECTION 2(B) DETAILS OF MEDICAL PROFESSIONAL COMPLETING FORM**

Registered Medical Practitioner's GMC registration number (if practising in UK)

In what capacity have you completed this form? (e.g. GP, consultant, etc.)

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

**Your Details**

Title  First Name

Middle Name(s)  Surname

Hospital/Surgery   
Address

Post Code

Telephone  E-Mail Address

If you consulted any other medical professional(s) to help you complete this form, please provide their details here:

**SECTION 3(A) TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT**

Are there any records to suggest the applicant has previously applied to another UK scheme (e.g. Skipton Fund) to receive payments with regards to their Hepatitis C infection?

Yes  No

If 'Yes', please provide details below.

Has the applicant ever had a positive HCV antibody test?

Yes  No

If 'Yes', what was the date of first diagnosis?

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 treatment for Hepatitis C?

Yes  No

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

Yes  No

**PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN SECTION 3(A)**

**SECTION 3(B) 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 themselves been infected through treatment with NHS 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**PLEASE PROVIDE DETAILS AND A COPY OF TEST RESULTS TO CONFIRM WHICH GENOTYPE THE APPLICANT IS/WAS INFECTED WITH**

**If any of the answers in Section 3(B) are 'Yes', please go to Section 5(B)**

**SECTION 4 TO BE COMPLETED ONLY IN RESPECT OF INFECTED PEOPLE, WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS**

Does the applicant have, or is a carrier of, an inherited or acquired bleeding disorder? (e.g. Haemophilia or Von Willebrand disease) Yes  No

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

- Whole blood or components (including platelets, red cells, neutrofills etc.) Yes  No
- Cryoprecipitate Yes  No
- Plasma/FFP Yes  No

Were any of the following used to treat the applicant before September 1991? (please note that the majority of these products were subjected to heat treatment to inactivate hepatitis c from May 1987)

- Factor VIII concentrate Yes  No
- Factor IX concentrate Yes  No
- FEIBA Yes  No
- DEFIX Yes  No
- Fibrinogen Yes  No
- Other coagulation factor concentrate Yes  No

If other coagulation factor concentrate, which?

Did any of the above treatments include repeated doses? Yes  No

Please indicate volumes used for each product.

In which NHS hospital(s) did the applicant receive the products listed before September 1991?

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If none of the products listed above was used to treat the applicant before September 1991, do you think it is probable that the applicant's Hepatitis C infection was caused through treatment with NHS blood or blood products received before September 1991?

Yes  No

If 'Yes', please provide details

**PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ANSWERS PROVIDED IN SECTION 4**

**If Section 4 has been completed and the applicant's source of infection is likely to have been a blood transfusion(s), rather than blood products, please complete Section 5(A)**

**Otherwise, if Section 4 has been completed, please go straight to Section 5(B)**

**SECTION 5(A) TO CONFIRM THAT INFECTION MOST PROBABLY AROSE THROUGH NHS TREATMENT**

On which date is it believed that infection (e.g. via a blood transfusion) occurred?

In what NHS hospital or other facility is it believed infection occurred? (If the applicant had more than one blood transfusion or tissue transplant please list all the hospitals or facilities where they took place)

Please specify under what circumstances is it believed that infection occurred? (e.g. during surgical procedures, A&E treatment, etc.)

Do any records exist of the possible occasion(s) of infection and of any symptoms of infection?

Yes

No

If 'Yes', please specify and enclose a copy of the relevant records.

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

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| • Albumin  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Intravenous immunoglobulin   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Plasma/FFP   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Bone marrow  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Whole blood or components (including platelets, red cells, neutrofiles etc.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

*(Note - in Scotland albumin is not generally associated with Hepatitis C infection due to pasteurisation. Only a single batch of intravenous immunoglobulin manufactured in Scotland in 1987 was associated with a risk of Hepatitis C infection)*

If so, for what purpose and did the treatment involve repeated doses? (please indicate volumes used for each product)

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

If the date of infection cannot be proved, do you think it is probable that infection occurred before September 1991?

Yes  No

If 'Yes', please specify

**SECTION 5(B) OTHER POSSIBLE SOURCES OF INFECTION**

Based on evidence or your experience, has the applicant ever been treated for, or been involved with injecting drug use? (This could include living with, or being in a sexual relationship with, a person who injects or injected drugs)

Yes  No

If 'Yes', please provide further details

Has the applicant ever received hospital treatment outside the UK?

Yes  No

If 'Yes', please confirm what treatment, where and when?

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

Yes  No

If 'Yes', please specify

In your opinion, is it probable that the applicant's HCV infection was acquired as a consequence of NHS treatment received before September 1991?

Yes  No

If 'No', please give your reasons



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Thank you for completing this form. The form and all supporting documents must be sent directly to the Scottish Infected Blood Support Scheme at:

Scottish Infected Blood Support Scheme  
Practitioner Services  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB