

RESTRICTED

Form MG11(T)

Page 1 of 1

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of:

Age if under 18: 0.18 (if over 18 insert 'over 18') Occupation: DEPARTMENT HEAD SCREENING

This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed:

Date: 24/11/2005

I am employed by Eastleigh & Test Valley Primary Care Trust as the Department Head of the Screening and Medical Records Department and have been for the past three years.

My role entails managing the access to medical records co-ordinator. I work at Hampshire and the Isle of Wight PPSA (Practitioners and Patients Services Agency).

In my role I can produce the General Practitioners records in relation to Geoffrey PACKMAN , date of birth 15.4.32 reference number KDE/1 .

Signed:

2004(1)

Signature Witnessed by: