

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

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

Statement of: **WILLS, SIMON**Age if under 18: 18 (if over 18 insert 'over 18') Occupation: **DIRECTOR**

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: **Simon Wills**Date: **24/11/2005**

I am the above named person and I live at the address shown overleaf. I am a Bachelor of Pharmacy, a member of the Royal Pharmaceutical Society and hold an MSC in Pharmacy.

In 1998 I held the position of Drug Information Pharmacist within the Portsmouth Hospitals NHS Trust. Part of my responsibilities meant that I was the editor of the compendium of drug therapy guidelines. The guidelines were written by various staff including myself. They were approved by relevant clinical experts and the formulary and medicines group on behalf of the trust.

The guidelines were published and distributed within the Portsmouth Hospitals NHS Trust. As editor I am able to produce as exhibit SW/CDG/1 a copy of the compendium of drug therapy guidelines 1998.

Statement taken by DC Code A - Hulse RoadSigned: Simon Wills
2004(1)

Signature Witnessed by:

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