

# STATEMENT OF WITNESS

STATEMENT OF: DOCTOR JAYNE ALEXANDRA  
MARGARET LARKIN

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"): OVER 18

*To be completed  
when the statement  
has been written*

I declare that this statement consisting of one page, 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 at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this 2 day of MAY 2006

P J Monaghan

Jayne Larkin

*SIGNATURE OF MEMBER by whom  
statement was recorded or received*

SIGNATURE OF WITNESS

PAMELA-JANE MONAGHAN, D/CON

PRINT NAME IN CAPS

I am a Consultant Paediatrician based at Ulster Community and Hospitals Trust; I have the following qualifications MBBCh BAO, DCh, MRCPUK, MRCPCH, Mphil. In 1995 I was a first term SHO in Paediatrics based at the Royal. I have been asked by D/Sergeant Cross if I have any personal recollection of my involvement in the care of Adam Strain during his admission on 26<sup>th</sup> November 1995. I can state that I have no recollection of Adam prior to his post-operative intensive care. I have no recollection of erecting fluids pre-operatively. I have checked available notes and can find no mention of having done so. I can see from page 140 of the original notes that I made an entry in relation to Dr Savage's ward round. This entry is noted dated or timed, though I have signed it. It follows an entry made by Dr Savage at 11.00 pm. I have no personal knowledge of any other aspects of his care.

Certified to be a true copy of an original signed document.