

RECOVERY



MERRY CHRISTMAS

FROM THE EDITOR

Special Interest

Articles:

- Immune-Mediated Small Fibre Neuropathy
- Sandra Cluley's story

Individual

Highlights:

Chairman's Message	2
Committee Profile	3
Member to Member	4
GBS/CIDP Information	5
Phone-a-Friend	6
Bits in Pieces	7
Back Page	8

Meeting dates for 2013

last Saturday of following months

February 23, 2013

May 25, 2013

August 31, 2013

October 26, 2013



Far top of the table Ronald
Left Mary, Glenda, Malcolm, Mark, Jane, Max
Right closest Brendon, Wendy, Max, Ursula

No doubt you all have the same thoughts as we hurtle toward the silly season. I guess the thing to do is just try and go with the flow and focus on what matters most to you. That might be reflecting on the religious significance, giving thanks for our blessings, helping others less fortunate or enjoying time with loved ones.

Speaking of which, I write this after spending a very pleasant afternoon with my GBS family celebrating a Christmas lunch. This is an opportunity for us to take some time out and getting to know a little more about each other. Whilst GBS or CIDP has brought us together, it doesn't stop us having a good laugh and a long chat about what else makes us who we are. There is always something new and interesting to learn and share different aspects of our lives.

So after a delicious lunch and a thoroughly enjoyable Sunday afternoon I will sign off now but not before wishing all our members and their families a very Merry Christmas. Whatever it means to you, may it fill you with laughter, love, joy and peace.

I am sure to be happy and nervous for a few weeks yet but having given some thought whilst writing, have decided salad will be served in our house this year, maybe that way I can keep my cool!

Christine S-M

Is that the sound of jingling bells and 'ho-ho-ho' I hear? How can this be? Wasn't it January a few weeks ago?

This time of year makes me happy and nervous all at the same time and I am never sure which emotion wins out because I jump from one to the other every second day.

I think about some down-time from the pressures of work (yeah) and of spending time with my friends and family (yeah again). Then I think about battling the crowds, wondering did I get my husband's mum the right gift and whether I do a cold feast or go for the preferred hot traditional baked dinner and risk melting away to a big puddle on the kitchen floor, which is not a good look in my new Christmas dress.



Far top of the table Max
Left top Brendon, Wendy, Max, Ursula, Shirley, Christine
Right closest Mary, Glenda, Malcolm, Mark, Jane

From the Chair

Well Christmas is upon us once again. Whilst it comes at the same time each year, I always find I am playing catch up when it comes to Christmas shopping. Thankfully, my colitis whilst still somewhat troublesome is improving and I look forward to a catch up with family and friends over the Christmas break.

In particular, the GBS Association family is having a Christmas get together at Ryde Eastwood Leagues in the bistro on Sunday 9 December at lunch time. Such social gatherings are an integral part of the overall mission statement of the GBS Association. Whilst we have formal meetings to sort out the 'nuts and bolts' of running the Association, the social aspect is equally important where members and friends can just chat about their GBS/CIDP stories. Just being able to talk about how you feel to someone else who has the same or similar experience can ease the burden. Personally, whilst I have really great understanding Specialists, there is nothing like being able to say to someone, 'My skin feel like ants crawling underneath' or 'tingles like electricity running through it' or 'my feet feel like a thousand pins sticking in them when I walk bare feet' and not have that person slowly start backing away from me.



You will note on our website that meetings will now commence at 10am. As we only meet 4 times a year we have found we simply run out of time sorting out the Admin and listening to the committee reports leaving little time to hear from the members. So we have decided to deal with the Admin from 10am-11am and then from 11am to 12 noon we will either have an open forum or guest speaker. We will reconvene the meeting at noon if there are still more reports to consider with a view to finishing about 12.30pm. As such attendees can opt to sit in on the Admin part of just come along for the forum at 11am. Afterwards a number of us gather in the Club's Café for a meal and social gathering.

"it does not matter how little or how much support we provide or for how long, the important point is that we exist to provide what we can"

The GBS Association comes under the classification of health charity support group. That support can come in a number of forms. For the most part our first contact is via telephone when we receive a call from a distressed sufferer, family member or friend. Often we supply information and never hear from the person again. Others, like myself and other committee members form closer relationships with the Association. Either way, and there are many in between, it does not matter how little or how much support we provide or for how long the important point is that we exist to provide what we can.

How do we exist? Through committee members who sacrifice their time to help others, through membership fees and/or donations such as those substantial funds provided by the late Lindsay Peet and a myriad of supporters who understand medical science does not have all the answers.

As the Chair my role is made easier by having such a dedicated committee which in turn flows through to the support we can offer to those seeking to unravel the mysteries of GBS and CIDP.

To all the members, friends and supporters of the GBS Association I would like to send a collective Christmas greeting and a thank you for all your efforts in 2012.

In closing I would like to end on this thought, 'Whilst a cure for GBS/CIDP is still some way off I am strengthened by the thought as each year passes we are closer than we were this time last year'.

Seasons Greetings

Mark.

Meet Shirley Cooke, our GBS woman of wisdom and warmth.

Her GBS story, endured with her loving husband Ed, will touch you with a sense of strength, dignity and gratitude.

My story of G.B.S. goes back quite a long time. In March, 1964 I was a very healthy, happy & active wife and mother of a daughter, 4 years and a son, 2, awaiting the arrival of our third child. In the last month of pregnancy, I contracted a respiratory infection and had a very sore throat and cold. Then, I was diagnosed with Bell's Palsy, which is a paralysis to one side of the face where the eyelid and the corner of the mouth drops. For this I received physiotherapy and recall having a type of sticking plaster to hold my mouth up extending to the eye.. Our second daughter was born healthy on the 31st March and immediately my face returned to normal. Miraculous!

After being home for a few weeks, I felt unwell and was experiencing stabbing pains in my left hip and legs, abnormal sensations, tingling and appeared to be losing muscle power and general weakness prevailed. I was hospitalised at St. Vincent's and a lumbar puncture revealed I had a Neurological condition called Guillain-Barre - Syndrome - a rare auto-immune illness that affects the peripheral nerves of the body - also known as Landry's Ascending Paralysis.

My legs were first to be paralysed, then the arms and things got really serious when my breathing muscles were affected. This necessitated a tracheostomy and I was placed on a ventilator and remained in the Intensive Care Unit for 4 weeks. I was totally dependent on the wonderful nursing staff and everything had to be done for me. There was NO treatment in those days except for a Physiotherapist who came in and moved my arms & legs.

Complications occurred with a lung infection and my husband was called in when I was not expected to live. Thankfully, I did! After a month, I returned to the Ward and intensive physio began. I had to learn to move and walk again. A board was placed at the foot of my bed to hold my feet up and I remember severe pain. I had been in hospital from April until December and was sent to Babworth House at Darling Point, which was then a Rehabilitation Centre.

Although I had seen my 2 older children, I did not see our new baby until she was 10 months old. She spent her early life in Karitane, Woollahra. My family of course visited her regularly so I was kept up to date with her progress.



**Committee
Profile Page**

And how well I remember a male Asian nurse from St.

Vincent's, who very kindly visited her too and gave me glowing progress reports.

After leaving hospital, many changes had to be made at home including a live-in housekeeper for some time, but then in 1966 I was delighted to get my driving licence and this opened up doors for me.

I guess I spent nearly 2 years recovering. have a couple of reminders of that dreadful time - I wear callipers on my legs to assist with footdrop and have muscle waste in my hands, but life, being so precious and our greatest gift, has been good to me and this horrendous experience has made me realise never to take things for granted and one's values are certainly changed.

We have been blessed with 7 grandchildren, one of whom has special needs. I have been challenged over the years with health problems, unrelated to G.B.S., but these have been overcome. Ed and I have been fortunate to have travelled overseas and here in Australia. Our third daughter grew up to be an avid traveller, spending 10 years touring Africa and ended up running a wildlife camp in Zambia where she had a baby in a very tiny Mission Hospital - the first white baby to be born there in many years, so she has kept her parents' adrenalin pumping well. She, her English husband and 10 year old daughter now reside in England.

I have found hydrotherapy to be very beneficial and have done Aqua fitness classes for many years. Another form of exercise I do is cycling on an exercise bike daily.

Finally, should you ever be unfortunate enough to be stricken with this devastating G.B.S, might I suggest you contact our wonderful G.B.S. Support Group which could be of great help. And, most importantly, now there IS treatment available, which would shorten the length of this disabling syndrome.

Together with faith, hope and determination and a loving, supportive family, there is light at the end of the tunnel.

Member to Member

My journey with GBS started nearly 30 yrs ago, as a fit, healthy and sporty 27 yr old, with a bout of influenza nicknamed "the Phillipine Flu" back in August 1983. It took me approx 6 weeks to recover and got back to a normal daily routine although still feeling somewhat tired, with my husband and 2 children aged 5 & 3.

In November, 3 months after the initial onset of the Phillipine Flu, our family went for a family get together on the central coast. On the way home to our home in Richmond NSW, we stopped for some takeaway food for dinner, and almost instantly felt ill. My husband and children were fine, and was only me feeling like this. After reaching home I had what I can only describe as the worst bout of gastroenteritis known to man. I was left so weak my husband had to carry me to the bathroom each time.

I spent the next couple of days developing what I now know as GBS symptoms. The weirdest being that everything tasted like soap that I did try and eat or drink. I was very weak and could barely walk around the house. I had also lost some use of my hands and my skin was so sensitive.

I became scared on the 3rd day and asked a friend to take me to my local GP and didn't even care that I was in my PJ's. After checking me over he sent me for blood tests and collapsed on the bed there sobbing sensing that something was terribly wrong. Luckily friends helped with my 2 little ones getting them to and from school and preschool. Our eldest son seemed to sense that something was up and use to come straight to me in bed with a drink when he got home.

On the 4th day my husband rang the GP to tell him I was deteriorating and came back to me saying that I was to try and eat an egg. Well you can imagine what I said I would do if he did bring one in. By this time I wasn't eating or drinking. The Dr then came to visit me later that morning, and when he pulled the sheet back I was shocked to see that all my calf muscles had deteriorated. I could see the looks of concern and would be getting another home visit the next day.

The following day my husband had to go to work, although very reluctantly, and said he would try and get off at lunchtime. He was in the RAAF. When he arrived home I was even worse not being able to get out of bed at all. He immediately called my GP who told him take me straight to Windsor hospital and he would organise tests.

The next 2 days were the most painful of my life. I couldn't bear anything touching my skin and couldn't even use a pillow. I felt like I had run a marathon and done 10 straight days of aerobics. After I was admitted they did a lumbar puncture, which was cruel, and took 4 of them to hold me in position and me yelling.

Next was a check up from a neurologist and blood tests. It was the first time I heard the term Guillain Barre Syndrome mentioned. The next day I was transferred to St Vincents where I again underwent a barrage of the same tests including another dreaded lumbar puncture. They sneakily came from behind and hit me with a pethidine shot, and I can honestly say it was the best I felt during this whole ordeal. Back in the 1980's not as much was known about GBS so was sort of a guinea pig and was even a case study for interns being taken into a room of white coated people and talked about.

I was lucky enough that my deterioration stopped there whether out of sheer determination or by good luck. By this time they confirmed that it was GBS and warned me of possible organ failure. I really didn't comprehend how serious this was until later in my recovery after reading up on the syndrome. I did have breathing problems about the 3rd day at St Vincents and had the buzzer ready in my hand but thankfully passed and to this day think it was shock and determination that helped me overcome it..

By the end of the first week there I was made to sit up by a grumpy old sister and have never forgiven her. It was so painful. By this time I had lost so much weight that a lady in the same ward said I looked like a Bi-afran. I did however start to eat simple things and very cautiously start physio. As all my family and friends were back at Richmond I asked to be transferred back to Windsor as soon as I was out of danger and after another 2 weeks finally went back.

My 2 children were being cared for by my mother at her house on the NSW south coast, so my husband went and picked them up after organising time off, and I finally got to see them after over a month in hospital. I was finally allowed home by my sympathetic GP on my birthday in December. He said I was depressed and needed something to cheer me up. I hugged him. I found out later from a friend who had the same GP that he was distracted during one of her consultations, and she asked what was wrong and he said he was worried about me. This apparently was in the first stages before I was admitted to hospital.

I had to attend outpatient physio everyday, and every day was a struggle and had a 3rd lumbar puncture to confirm that my count was declining in my spinal fluid. During the procedure they hit a nerve on my right side not knowing this would leave some permanent damage.



At home I couldn't hang out washing, cook meals, open jars, do my daughter's hair, and went around on my bottom doing what housework I could manage. My husband had to come home from work and then start at home. I was very independent and determined to not let this get me down for long. I was offered home help but refused and my GP was constantly in touch.

I didn't really have much support from friends once I came home, even to the point of my husband received a posting to Victoria a month after I was released from hospital. He had to do nearly everything and to this day don't know how we managed it.

Looking back over the years of physio, hydrotherapy, tests and pain, as well as the love of my husband and 2 children, who learnt to be very independent from a very young age, and as I hear so often when an illness like this changes your life forever, I am so grateful for the inner strength I found and the will to never dwell on what might have been.

I have subsequently been diagnosed with fibromyalgia which I find hard to keep under control. Again I still carry on to the best of my ability and keep on keeping on. I have held part time employment over the years and to my surprise won a full time position in the Public Service at the ripe old age of 40.

I may not be able to do the physical things I would like to and now have to wear a splint on my right leg for support and drop foot. My right side was mainly affected and still suffer chronic weakness even today. I can no longer work but have the love and support of my family and my husband retired from the services to help me at the ripe old age of 45 and we spent the next 6 years caravanning around Australia, and recently went on a 6 week vacation to the United States even going to the Grand Canyon and Alaska. Was very tiring BUT 'I did it'. My interests now besides 3 adorable grandchildren are playing middle eastern music on my Djembe drum and helping run an online chat-room for ladies who need support for whatever reasons.

I don't know what is in the future so am so glad I put one foot in front of the other and take each new obstacle in my path.

I am in awe of all the GBS sufferers who develop full blown symptoms and am aware of how very lucky I was to not suffer the full force of this cruel disease.

Thankyou for listening to my story and always sending positive thoughts to everyone.

Sandra Cluley

IMMUNE-MEDIATED SMALL FIBRE NEUROPATHY: A TREATABLE CONDITION THAT CAN MIMIC GBS OR CIDP

David S Saperstein, M.D and Todd D Levine, M.D.
GBS/CIDP Centre of Excellence at Phoenix Neurological Associates, Phoenix, AZ
Dr. Saperstein, Member, Medical Advisory Board, GBS/CIDP Foundation International

Over the years much has been written about the typical symptoms and test results seen in GBS and CIDP. We wish to bring attention to a type of nerve disorder that is also immune-mediated and treatable but can not be diagnosed by usual methods; small fibre sensory neuropathy.

Our nerves are made of nerve cells, or fibres, having different diameters. Small nerve fibres are involved in the sensation of pain and temperature. These fibres do not have myelin and, therefore, transmit electrical signals more slowly than larger nerve fibres.

Consequently, small nerve fibres do not contribute to the signals measured in EMG/NCV (Electromyogram) tests. Therefore patients with SFN (Small Fibre Neuropathy) have normal EMG's and also have normal reflexes.

In contrast, large nerve fibres are myelinated, transmit electrical signals quickly and are involved in balance.

Abnormalities of larger nerve fibres can be detected on EMG and usually cause reflexes to be decreased or absent. In most patients with neuropathies both small and large nerve fibres are affected. In GBS and CIDP large nerve fibres are predominantly affected. This explains why abnormalities of reflexes and EMG are heavily relied upon for the diagnosis of these disorders. Small nerve fibres are abnormal in patients with GBS and CIDP, but the clinical picture is usually dominated by abnormalities of larger fibres.

One way to diagnose SFN is by a skin biopsy test. After injecting a small amount of local anaesthetic called lidocaine, a small circle of skin measuring 3mm is removed from the surface of the skin, usually from a foot on the leg. There is little to no pain. The biopsy site is covered with a band aid and heals. This is a quick and easy procedure that can be done in a doctors office. The skin specimen is sent to a specialised lab for processing that allows the appearance and number of nerves in the top layer of the skin to be assessed. There are only a few labs that perform this testing because of the technical demands of the procedure. An abnormal skin biopsy can suggest that a SFN is present but cannot determine the cause of the neuropathy.

Another way to diagnose SFN is by means of tests of the autonomic nervous system, especially a test called quantitative sudomotor axon reflex testing (QSART).

However autonomic testing, especially QSART is generally only available at a limited number of specialised centres.

There are several reports describing patients with an abrupt onset of numbness and pain resembling GBS. However, neurological examination and EMG do not show the features we look for to diagnose GBS (such as abnormal reflexes and EMG). Some patients may have elevated spinal fluid proteins typical in GBS. However, most standard tests are usually normal, making definitive diagnosis difficult. QSART or skin biopsy testing to assess epidermal nerves can be very helpful to prove there is a SFN. Acute onset SFN can be immune-mediated and may respond to some therapies used for GBS such as intravenous immunoglobulin (IVIg). In contrast to GBS, however, patients with acute onset SFN may respond to corticosteroid medications such as prednisone.

Compared with GBS, CIDP can be more difficult to distinguish from other neuropathies because a lot of chronic neuropathies (those that have a gradual onset and are progressive) can have features similar to CIDP. There are many potential causes for SFN, due to diabetes, vitamin deficiency and exposure to certain medications or toxins.

About half the time no cause can be determined. However, there are a number of patients with immune-mediated chronic SFN. As with acute onset SFN, some will have elevated spinal fluid protein. Others will have evidence for immune related diseases such as Lupus or Sjogren Syndrome. Other patients will have something called a monoclonal protein in their blood (which can also be associated with some forms of CIDP). As discussed above QSART or skin biopsy can be used to confirm the diagnosis of SFN.

As with CIDP, a number of immune-modulating therapies can be used to treat chronic immune-mediated SFN. Patients experience improvements in their numbness and pain. In our experience, repeat skin biopsies—performed next to the sites of initial biopsies—can be helpful by providing objective evidence of improvement (although more study needs to be done to determine the usefulness of repeat skin biopsies).

For the reasons outlined above we believe it is important that physicians and patients be aware of small fibre neuropathy and its diagnosis so that this entity can be considered in patients being evaluated for possible GBS or CIDP.

Phone

*Hello,
this is the GBS
Association,
may I help you?*

Thankfully the new GBSNSW telephone number has had a smooth transition, from old to the new. Remember to change or update your records, to our new contact number **(02) 9617 0883**.



intervention treatment in the initial few weeks of onset, has now posed long term problems. Eventually this person has chosen to fly back to Sydney for more professional help, although some months had passed from the onset. We should be so grateful for our Medical Schemes in Australia, even given the difficulties encountered by some.

More personally two courageous men known to me, who had and have individually significant positive outcomes for the wider GBS/CIDP community had recently died. They were Mr James Gerrand of Victoria, and Mr Lindsay Peet in Western Australia.

Mr James Gerrand, was the long time serving President of the INGroup Victoria, who with a tenacity and continuous determination now 20 or more years ago, fought to make IVIG generally accepted and available as a recognised treatment (*Intragam Aus*) for both CIDP and GBS persons. IVIG was prior to that not recognised by companies as the most immediate and appropriate first line defence for CIDP and GBS intervention procedure. We the GBS/CIDP community salute his endeavours and send our sincere condolences to his widow Betty and his family in their sad loss of husband and father.

Mr Lindsay Peet, from WA, was a man with many visions for the well being of the Community. His GBS residuals were profound, he was never limited by his severe ongoing effects of GBS. His support for Community groups, including GBS/CIDP and the assistance he gave to them embodied a spirit which reflected a remarkable man of our time. Mr Peet unfortunately died before he saw the documentary for which he did the research, called "The Shady Lady" WWII (1943) re a famous Liberator Bomber which landed in WA.

To Mrs Laurel Peet, and family we also salute a husband, father and an outstanding man of our time.

Both families have lost men of tremendous stature and we are all do grieve their passing.

Your 'Phone-a-Friend' Mary

a Friend

I am sure many of our readers of Recovery will recognise this greeting when they contact GBSNSW. Calls may originate with a wide range of concerns, perhaps from those who might have an immediate anxiety for themselves or perhaps concerns for a family member or friend. Another smaller group may be from the medical viewpoint, nurses, health workers, social workers, physio, and occupational therapists, who might have clients who require that vital link of contact with a support group. We are there to listen and help if possible. The following topics are but a few of those calls. Firstly about vaccinations inquiries.

The subject of vaccinations, whether to have them or not? What can be safely administered without dire consequences. Questions arise of any undesirable effects re flu or travel vaccinations which may occur for GBS/CIDP people, especially if the intended holidaying destinations are in the Asian countries. The question has no easy answer. The Assoc. can only give general advice in this matter, we do not give medical opinion at all. However what can be said is, generally speaking vaccinations should be avoided for a period of about five years from GBS onset; CIDP patients need more scrutiny of caution. This information should always be tempered with advice from one's doctors. The fact that some ambiguity continues to surround the question, results in many travellers opting for what is minimally required. None the less this question, must ultimately remain a personal choice.

Another caller an expat Australian living in Hong Kong, developed GBS, and the difficulties encountered in not receiving adequate

Bits n Pieces

GBS Association of NSW

**A NON-PROFIT VOLUNTEER
ORGANISATION**

Registered Charity No. CWD295

Incorporation No. Y13693-18

COMMITTEE

PATRON: URSULA CARLILE

CHAIRMAN: Mark Kunach

DEPUTY CHAIR:

Vacant

TREASURER & PUBLIC OFFICER:
Christine Simpson-Morgan

SECRETARY:

Glenda Ford

MINUTE SECRETARY:

Ronald Nichols

GENERAL

Mary McAlister

Shirley Cooke

Toni Louttit

Jane Rothman

Wendy Burge

EDITOR

Christine Simpson-Morgan

WEBMASTERS

Max Valente

MAIL:

PO Box 572
Epping NSW 1710

PHONE ENQUIRIES:

(02) 9617 0883

EMAIL:

info@gbsnsw.org.au

WEBSITE:

www.gbsnsw.org.au

Committee Meetings

All are welcome to attend the GBS Association of NSW Committee meetings. Newly diagnosed and people recovering from GBS and CIDP will appreciate the contact, encouragement and support from fellow members.

MEETING VENUE

Ryde Eastwood Leagues Club

117 Ryedale Road, West Ryde NSW 2114

the club is on the Eastern side of the rail line – it is walkable from West Ryde Station, which has lifts. We will be in the “Hawks Room” on the lower ground floor which has a lift to the floor plus lifts from all levels of car park underneath the club building. The room is booked in the name of the GBS Association.

Meeting dates scheduled for 2013

Administration Section of Meeting commences at 10.00 am – 11 am

Open Forum/ Guest Speaker 11.00 am to 12.30 pm

Visitors are welcome to both sessions, or the Open Forum if preferred

Meeting dates for 2013 are; the last Saturday of the following months

February 23rd 2013

May 25th 2013 (AGM)

August 31st 2013

October 26th 2013

Financial Year 2013

Members are reminded the Association's financial year is

1st January 2013 to 31st December 2013

GBS NSW would appreciate your continued support.

Disclaimer

Information presented in “Recovery”, GBS Newsletter is intended for information sharing and general educational purposes and should not be considered as advising or diagnosing or treatment of the Guillain-Barre Syndrome or any other medical condition. Views expressed in articles and letters printed in Recovery are those of the authors and do not necessarily reflect the opinions or Policy of the GBS Association of NSW Inc.

Public Risk

The Guillain-Barre Association of NSW would like to inform all members, friends, guests and readers that the Association no longer has Public Risk insurance covering association meetings or association functions. We regret that due to spiralling insurance costs we were unable to renew our Public Risk Insurance.

Contact the Editor

Do you have an interesting story to share with your fellow members? Perhaps you would like to share your experience with GBS/CIDP with us by writing your story for 'Recovery'. Maybe you just need some more information on an article appearing in the Newsletter? Whatever it may be you can contact me, Christine Simpson-Morgan:-

Mail: 8 /36 Mobbs Lane EPPING NSW 2121

Email: smorgan8@bigpond.net.au

One of the most glorious messes in the world is the mess created in the lounge room on Christmas Day.
Don't hurry to clean it up too quickly.
- Andy Rooney

Please indicate below how you think you may be able to help:

☐ Hospital or home visits to new sufferers (REMEMBER how you felt)

Preferred areas:

☐ Telephone contact (Be a GBS or CIDP friend-by-phone)

Preferred areas:

Or send us YOUR STORY for the newsletter. How about doing all three?

We need your help to really make our Group supportive and effective.

We are here for you - all on a volunteer basis.

Can you be there for those who are going through what you did, or are still going through?

NAME

ADDRESS

ADDRESS

PHONE /MOBILE PHONE email

ANNUAL SUBSCRIPTION / DONATIONS

Financial year from 1 January 2013 to 31 December 2013

NAME:

ADDRESS:

ADDRESS:

PHONE / MOBILE PHONE email:

ANNUAL SUBSCRIPTION / MEMBERSHIP RENEWAL

\$ 20.00 (includes GST)

DONATIONS

\$

TOTAL

\$ - please do not send cash

CHEQUES PAYABLE TO:

The GBS ASSOCIATION of NSW Inc"

PO Box 572, Epping, NSW 1710

NOTE: Donations of \$2.00 or more are tax deductible. Registered Charity CWD295.

☐GBS ☐CIDP ☐DOCTOR/MEDICAL ☐RELATIVE

(Please tick the appropriate box)

Publication of name in newsletter

☐YES ☐NO

IF YOU WOULD PREFER TO HAVE YOUR "RECOVERY" FORWARDED PER AN ATTACHMENT TO YOUR PERSONAL EMAIL ADDRESS; PLEASE TICK THE BOX AND PROVIDE YOUR EMAIL ADDRESS BELOW

email address:

With thanks to Smartprint for printing, labelling of our Newsletter and also to the Sitemanager for the generous donation and management of the GBS NSW website