



## PATIENT CONTACT FORM

Please note: By signing the ROSSINI 2 Consent Form the participant has given permission for the ROSSINI 2 Trial Office to store and hold their personal information (name, date of birth, hospital number, NHS number, gender). This is for the main purpose for ROSSINI 2 Trial staff to send questionnaires to patients. All questionnaires will be returned directly to the ROSSINI 2 Trial Office at BCTU.

ROSSINI 2 TRIAL ID: (if known)






Hospital:

### PART A - Personal Details

Patient's Title: (Please tick one)

Mr	<input type="radio"/> No	<input type="radio"/> Yes
Mrs	<input type="radio"/> No	<input type="radio"/> Yes
Miss	<input type="radio"/> No	<input type="radio"/> Yes
Ms	<input type="radio"/> No	<input type="radio"/> Yes
Other (If Other, please specify _____)	<input type="radio"/> No	<input type="radio"/> Yes

Patient Forename:

Patient Surname:

### PART B - Postal Address

House / Flat Number:

Street:

Town / City:

County:

Postcode:







### PART C - Telephone Number(s) / Email

Telephone Number:











Mobile Number:











Email address (Optional):

### Complete By:

Full Name: (PRINT NAME)

Signature:

Position:

Date: e.g. 31-JAN-2017             -             -            

Thank you for completing this CRF. You are now required to transcribe this information onto REDCap (<https://bctu-redcap.bham.ac.uk/>). This CRF can be used as Source Documentation and filed in the patient's records.