



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



South East Wales Trials Unit (SEWU)
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Response Form for the ANDREA-LD study

For those who would like to take part in or know more about the ANDREA-LD study.
Please complete and return to SEWU.

Instructions:

If you are completing this form for yourself, please fill out part A.

If you are completing this form for someone else, please fill out part B (overleaf)

PART A

Your Name:

Your Address:

.....

Your phone numbers: Home Mobile

Your date of birth:

Name of your GP:

Address of your GP:

.....

Phone number of your GP:

**THANK YOU FOR COMPLETING THIS FORM.
WE WILL CONTACT YOU SHORTLY.**

PART B

If you are completing this for someone else, please complete the following:

Your Name:

Your Address:

.....

Your phone numbers: Home Mobile

Your relationship to the individual

Their Name:

Their Address:

.....

Their phone numbers: Home Mobile

Their date of birth:

Name of their GP:

Address of their GP:

.....

Phone number of their GP:

Are you the personal/professional legal representative for the individual: Yes No

If no,
personal/professional legal representative name:

and phone number: Mobile:

**THANK YOU FOR COMPLETING THIS FORM.
WE WILL CONTACT YOU SHORTLY.**