

STUDY RECORD CARD

	<p>UNIVERSITY OF BRISTOL FACULTY OF MEDICINE DEPARTMENT OF SOCIAL MEDICINE</p>	<p>Boyd Orr Cohort (1937-1939) Life course influences on adult health</p>
---	--	--

Study Record Card

*If the patient does not attend,
please call Richard Martin
on 0117-9287321*

1. Patients Name _____
2. Date of Birth _____
3. Measured Height (cm) _____
4. Measured Weight (kgs) _____
5. Measured blood pressure: (i) Systolic _____ (ii) Diastolic _____
6. We would like you to collect **1 x 8.5ml SST**(yellow top) tube, **1 x 4ml EDTA** (purple top) tube, **1 x 10ml lithium heparin tube** (green top) and **1 x 3.5ml SST** (yellow top) tube. In case you encounter difficulty bleeding the patient, we suggest you collect the tubes in the order listed above. To maintain patient anonymity the tubes are pre-labelled and no other personal identifiers should be added. Please indicate below the outcome of the blood collection (*tick one box*):

i) <input type="checkbox"/> Complete (all tubes filled)	ii) <input type="checkbox"/> Incomplete (1 / 2 / 3 tubes filled)
iii) <input type="checkbox"/> Unable to bleed patient	iv) <input type="checkbox"/> Other: _____
7. Time of patient's last meal: _____ AM/PM
8. Completed by: _____ (*print name*)
9. Signature _____
10. Date: _____
11. Collection Time: _____ AM/PM

Thank-you for completing the requested information and ensuring PROMPT return of specimens.

**PLEASE PLACE SPECIMENS IN THE PROVIDED POSTPACK AND MAIL BACK WITH THIS SHEET ASAP.
If there is likely to be a delay between collection and posting,
please store specimens in a fridge and post at earliest possible convenience.**

	<p>UNIVERSITY OF BRISTOL FACULTY OF MEDICINE DEPARTMENT OF SOCIAL MEDICINE</p>	<p>Boyd Orr Cohort (1937-1939) Life course influences on adult health</p>
---	--	--

<h0forename> <h0surname>

<h0dob>

Request for Compensation

We are able to compensate practices for their time in this study. If you wish to receive the allocated £17.50 compensation, please complete the information below:

Make Cheque payable to: _____

Mail to Name & Address: _____

If you leave the information blank, we shall assume you wish to waive compensation to aid the charitable activities of the World Cancer Research Fund who are funding this study.

Please return this form to: Susie Potts, University of Bristol, Dept of Social Medicine, Canynge Hall, Whiteladies Road, Bristol BS8 2PR