

# HORIZONS

**Participant Contact details sheet**  
*(To be completed by the participant and researcher  
please ONLY use capital letters to complete)*

I understand that my contact details and the information on this contact details slip will be given to the research staff at the University of Southampton

**This side to be completed by clinic nurse**

Mr/Mrs/Miss/Ms/other: .....

Hospital Name: .....

Name: .....

GP Name and Address: .....

Address: .....

GP Tel No: .....

GP Fax No: .....

NHS Number: .....

Hospital Number: .....

Telephone number:

Study ID: .....

Email address:

Date Study First Introduced: .....

Planned Start Date for Treatment:

Date of birth: .....

.....

**Please fax to HORIZONS Study team with Consent form!**

Telephone: ++44 (0)23 8059 6885  
Fax: ++44 (0)23 8059 7951  
Fax: ++44 (0)23 8059 7967  
Email: HORIZONS@soton.ac.uk  
Web: www.HORIZONS-hub.org.uk

