BrainInfectionsUK.org
A Portfolio of Research Studies

UK Meningitis Study Screening Number | | | | |

Participant Details Form

To be completed by the Local Collaborator or delegated individual

This form will be used in order to send out the follow up questionnaires to participants. It will be stored securely, separate to any clinical data.

Name of Participant____

Address____

____

____

____

Post Code____

Tel Number____

E-mail (leave blank if patient does not want to be contacted by e-mail)

____

Please fax the completed form to Brain Infections UK on

0151 795 5528

Or Send to

Dr Fiona McGill
Brain Infections UK
Liverpool Brain Infections Group
Institute of Infection and Global Health
University of Liverpool
Liverpool
L69 3BX

 Received_ _/_ _/_ _ _ _ By whom (initials) _ _