 *Insert Local letterhead*

**The National Cohort study of Idiopathic and Heritable Pulmonary Arterial Hypertension**

NAME: …………………………………………………………………..

ADDRESS: …………………………………………………………………..

…………………………………………………………………..

…………………………………………………………………..

DATE OF BIRTH: …………………………………………………………………..

Please tick the box that applies to you:

Yes No

* I agree to being contacted by a study team member to find out more  

about the project.

* I prefer to be contacted by telephone / email ( please delete as appropriate)

Telephone number: …………………………………………………………………..

Email address: …………………………………………………………………..

Signature:……………………………………………………………………………………… Date:…………………………..

*+/-study team to delete as appropriate*

+/-Please send this slip back to or *ring local research* nurse on

*Local research nurse*

*Local research nurse address*

+/- Please e-mail completed form to cohortcoordination@medschl.cam.ac.uk