

**A STUDY OF DIFFERENT TYPES OF
TREATMENT FOR VERRUCAE
INELIGIBLE PATIENT FORM**

Patient ID number:

-

Please complete this form if you see a patient who would like to have taken part in the trial but who was not eligible. (It is not necessary to give the patient's name).

Patient details:

Date patient considered for the trial:

/ /
 day month year

Patient's Date of Birth:

/ /
 day month year

Patient's Gender:

Male Female

Type of verruca (please cross all that apply)

plantar calcaneus
 plantar MTPJ
 mosaic
 other

If other (please specify)

This patient was not eligible to take part in the trial because: (please cross all that apply)

The patient had a verruca, which could not be treated by either treatment.

The patient was under 12 years of age.

The patient was unable to give informed consent.

The patient had impaired healing eg due to diabetes, peripheral vascular disease or any other condition.

The patient was taking immunosuppressant drugs such as corticosteroids.

The patient was currently taking part in another trial evaluating other treatments for their verruca.

Other reason (*Please specify*)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

PLEASE RETURN THIS FORM TO THE UNIVERSITY OF YORK IN THE PRE-PAID ENVELOPE PROVIDED.

<https://www.hsytu.york.ac.uk/verruca/login.aspx>