

ISRCTN71327395 HTA 09/22/136	 <p>INVESTIGATE-I <small>INWales Evaluation before Surgical Treatment for Incontinence in GMS: Added Therapeutic Effect?</small></p>	Contact details
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Screening number	<input type="text"/> <small>Site Code</small>	<input type="text"/> <small>ID number</small>
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Randomisation number:

<input type="text"/> <small>Area No</small>	<input type="text"/> <small>Site No</small>	<input type="text"/> <small>Participant I.D.</small>	<input type="text"/> <small>Participant initials</small>
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Title	
First Name(s)	
Last Name	
Address 1	
Address 2	
Town/City	
County	
Postcode	
Date of birth	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>

	Please tick
Patient has consented to participate in the study	Yes <input type="checkbox"/> No <input type="checkbox"/>
OR	
Patient has not consented to participate in the study but has agreed to be contacted about a possible interview	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fax the completed form to Newcastle Clinical Trials Unit:

0191 222 8901

Completed by:	Contact details
Name:	Signature:
Version 1.0, 26-04-11	
Date	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>