

STOP HCV-1 Randomisation Request Form

<p style="text-align: center;">Participant ID (attach label below)</p>	
<div style="border: 1px dashed black; width: 80%; margin: 20px auto; padding: 10px; text-align: center;"> <p>Attach Participant ID label</p> </div>	<p><input type="checkbox"/> Form 01 and 02 previously submitted</p> <p><input type="checkbox"/> Form 03 #pages sent: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <ul style="list-style-type: none"> • Telephone number of who to contact to process randomisation: _____ • Name of person to contact: _____ • Remember you will need the participant's NHS number.