

PLEASE COMPLETE AND RETURN TO DR. ARONSTAM, LORD MAYOR TRELOAR HOSPITAL,
ALTON, HAMPSHIRE.

I agree to
taking part in a trial as explained by Dr. Aronstam.

Signature
Parent ~~or Guardian~~ (delete as applicable).

IF YOU DO NOT WISH YOUR SON TO TAKE PART IN THIS TRIAL, PLEASE
COMPLETE BELOW:

I do not agree to
taking part in a trial as explained by Dr. Aronstam.

Signature
Parent or Guardian (delete as applicable).