

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

I agree to MY SON,
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).

H. Life Trial (A)

I agree to

taking part in a trial of a new Factor VIII product as explained by
Dr. Aronstam.

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

COMMENTS: