

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

I ... *Mrs. S. E. Peach* agree to ... *Leigh Peach*
taking part in a trial as explained by Dr. Aronstam.

Signature ... GRO-C
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).~~

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