



Addressograph

Date: _____

Study Title: United Kingdom Histiocytosis Registry (UKHR) IRAS 238319

Do you/your child/your relative wish to participate in this study?
(please tick the appropriate box)

Yes

No

Do you/your child/your relative wish to participate by telephone discussion and
postal consent form? (please tick the appropriate box)

Yes

No

If 'YES' then please complete your contact details:

My telephone number is.....

The best time to contact me is.....