

**A STUDY OF DIFFERENT TYPES OF
TREATMENT FOR VERRUCAE**

Please complete this form when your verruca has gone.

Participant Number:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is your date of birth?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			

Please let us know the date your verruca disappeared.

My verruca went on

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			

Please return this form to the York Trials Unit in the envelope provided or phone Sarah Cockayne at York University on 01904 321736 or email esc5@york.ac.uk

Thank you.