

PERTUSSIS NOTIFICATION FORM

Study number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant initials:	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Details of pertussis diagnosis

Please complete the following section with the details of the pertussis diagnosis. If both a clinical and laboratory diagnosis has been made please complete both sections below. If only a clinical or laboratory diagnosis was made please record the details in the relevant section and cross the 'N' box for the other section.

Clinical diagnosis of pertussis	<input type="text" value="Y"/>	<input type="text" value="N"/>				
Date of clinical diagnosis	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Laboratory confirmation of diagnosis of pertussis	<input type="text" value="Y"/>	<input type="text" value="N"/>				
Date of laboratory confirmation	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

Please photocopy the completed form and send the copy back to:

**Fiona Sloan
BIDS Trial Manager
Edinburgh Clinical Trials Unit (ECTU)
OPD 2, 2nd Floor
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU**

Tel: 0131 537 2516

The original questionnaire should be retained in the BIDS participant file