



Consent Form for Data Disclosure and Willingness to Participate in Future Studies

1. I would like to be contacted about future studies and research projects on Birdshot Chorioretinopathy
2. I am happy for researchers to contact me by (delete as appropriate):

Telephone Post Email Any of these means

I consent / do not consent* to my name, address, date of birth, telephone no. and email address to be entered on a confidential database which is only available to Birdshot Uveitis Society founders Annie Folkard and Rea Mattocks and researchers involved in any future study on birdshot chorioretinopathy. (*Delete as appropriate)

You are free to change your mind about this consent at any time. If you later decide you would not like to be contacted for future studies your details will be deleted from our database.

Signed _____ Dated _____

Print Name _____

Contact address and information

Street			
Town			
Postcode		Email	
Date of birth		Year of Diagnosis	
Consultant		Hospital	

Please return to Birdshot Uveitis Society, PO Box 64996, London SW20 2BL