

# UK Dermatology Clinical Trials Network

## PATIENT MEMBERSHIP FORM

### 1. Contact details

<b>Surname:</b>		<b>Title:</b>	
<b>First Name:</b>			
<b>Address:</b>			
<b>Tel:</b>			
<b>E-mail:</b>			

### 2. Level of interest

How involved would you like to be?

*(Please check as applicable)*

	<b>Yes</b>	<b>No</b>
<b>Suggestions of future trials</b>		
<b>Advising on study design</b>		
<b>Assisting in interpreting and disseminating findings</b>		
<b>Participate in recruitment activities</b>		

### 3. Special Interest

<b>Please list diseases or conditions in which you have a particular interest.</b>
<b>Are you a member of any patient support groups?</b> (please give details)

#### **Please return to:**

Dr Carron Layfield  
Centre of Evidence-based Dermatology  
King's Meadow Campus  
University of Nottingham  
Lenton Lane  
Nottingham  
NG7 2NR

**Or email to:** [carron.layfield@nottingham.ac.uk](mailto:carron.layfield@nottingham.ac.uk)

**Thank you for your interest**