  

**Oxford Parkinson’s Disease Centre (OPDC)**

**Control Group Expression of Interest Form**

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| --- | --- | --- |
| Forename |  | |
| Surname |  | |
| Address and postcode |  | |
| Date of birth |  | Gender: □ Male □ Female |
| Main telephone number |  | |
| Alternative telephone number |  | |
| How did you hear about our study? |  | |

|  |  |
| --- | --- |
| Would you be happy for your details to be passed to a member of our research team so that they can contact you with further details of the research? | □ Yes □ No |

Sign:…………………………………………………………………………………………………….

Date:……………………………………………………………………………………………………

Please return to: Jane Rumbold, Nuffield Department of Clinical Neurosciences, Level 6, West Wing, John Radcliffe, Headley Way, Oxford, OX3 9DU, UK.

Or via email to [parkinsons.discovery@nhs.net](mailto:parkinsons.discovery@nhs.net)