

(Please save the PDF form after completing it)

8. Contact info

I wish to be contacted via (select as many as apply)...

Email: My email address is: cgould02@qub.ac.uk

Telephone: My phone number is: +447715951585

Skype: My Skype address is: _____

9. Date (month) november (day) 27 (year) 2016

CONFIDENTIALITY

I understand that, upon submitting this form to the PFS Foundation, I agree to allow the foundation to distribute the information contained herein to other PFS patients as directed above. The foundation will not publish or otherwise disseminate any personally identifiable information without my written consent.

C.Gould

Signature of PFS patient

If you have any questions, please contact:

Philip Roberts
Patient Manager
PFS Foundation
proberts@pfsfoundation.org
(856)425-6046

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