





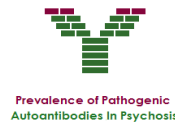





PPiP2 participant ID: (3 letters + 5 numbers)			PLEASE REPORT RESULTS TO: PPiP2 study team sinapps@psych.ox.ac.uk
Blood sample date: (dd/mm/yyyy)			
Blood sample time: (hh:mm)			
Patient consented to storing their samples for future research (see Consent Form Ver.8 dated 15/10/2019) (Please circle)	Serum (Gold top tube) YES / NO	Whole blood (Purple top tube) YES / NO	Comments:

   			
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