







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

UNIVERSITY OF OXFORD	MRC Medical Research Council		
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UNIVERSITY OF CAMBRIDGE CAMBRIDGE Prevalence of Pathogenic Autoantibodies in Psychosis			MRC Medical Research Council
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