

VOLUNTEER INFORMATION SHEET

Thank you for your enquiry regarding our pilot study of B12. In order that you may be considered for this trial, please could you complete the following information:

1	Name, address, phone & email Date of Birth	
2	GP's details	
3	Date B12 deficiency discovered By whom How Cause of B12 deficiency	
4	Frequency of B12 injections	
5	Symptoms experienced before B12 injections How long after B12 injections do these symptoms reoccur	
6	Do you have any other metabolic disorder	
7	Are you taking any other medication, if so please list	
8	Any other information you feel relevant	