

# Data Collection Sheet

Affix Hospital Label Here

## Personal Details

Sex (tick) Male  Female

Title: (please circle) Mr/Mrs/Ms/Miss/Dr/Prof	First Name:	Surname:
Address:		
Postcode:		
Phone Number – Home	Phone Number - Work	
Phone Number – Mobile	Email:	
Preferred method of contact: (please circle)		
Home Phone	Work Phone	Mobile
		Email
		Any

D D M M Y Y Y Y

Date of Birth								
Hospital number								
NHS number (if known)								
Study ID (of applicable)								

Are you (please tick):	Yes	No
An NHSBT blood donor?		
A platelet donor?		

**Ethnicity** — Tick **ONE** box only

A White	
English/Welsh/Scottish/Northern Irish/British	
Irish	
Gypsy or Irish Traveller	
Any other white background	

B Mixed/multiple ethnic groups	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed/multiple ethnic background	

C Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	

D Black/African/Caribbean/Black British	
Caribbean	
African	
Any other Black/African/Caribbean/Black British background	

E Other ethnic category	
Arab	
Any other ethnic background	

2011 census ethnicity classification