

British Society for Allergy and Clinical Immunology

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BSACI Registry for Immunotherapy

Participant Identifiers Form

To be completed by the participant or their parent / legal representative
These details will be stored on the registry for access by your consultant and their team.

Please complete

Firs	t Nan	ne														
Fam	nily na	ame														
NHS	S Nur	mber		Can we record your NHS number in the registry? Yes \Box / No \Box (CHI Number in Scotland) You don't need to add it here, we can get it from your records												
Current email address																
We would like to contact you by email to see how the treatment is working and to get newsletters and																
updates. Provide an email address if you would like to receive emails from the registry.																
Please PRINT																
Prefer not to provide email □																
For children under 16 years																
Name of parent or legal guardian																

Please turn over to complete reverse side

This data will be used for analysis by the registry and is optional

Date of birth						
Date of birth						
	DOB will be used to calculate age and then removed from the dataset					
_						
Gender						
Gender	Female □ / Male □ / Prefer not to say □					
Gender identity	Birth \square / Non Birth \square / Prefer not to say \square					
Occupation if ov	er 16 years old					
Your						
Occupation	Prefer not to say □					
Location						
Country of residence	England □ / Ireland □ / Northern Ireland □ / Scotland □ / Wales □ / Channel Island or Isle of Man □ / Other □ please state:					
	☐☐☐☐☐ / Prefer not to say ☐					
Home postcode:	Your postcode will be used to calcluate the distance from your home to clinic and generate sociodemographic codes. The postcode will then be removed from the analysis. You can give the first part only if you prefer eg W2 or SO16					

Please turn over to complete the last page

Please circle your ethnicity code from the list below

Code	Prefer not to say □
Α	White
1	English / Welsh / Scottish / Northern Irish / British
2	Irish
3	Gypsy or Irish Traveller
4	Any other White background, please write
В	Mixed/ Multiple Ethnic Groups
5	White and Black Caribbean
6	White and Black African
7	White and Asian
8	Any other Mixed / Multiple ethnic background, please write
С	Asian / Asian British / Asian Irish
9	Indian
10	Pakistani
11	Bangladeshi
12	Chinese
13	Any other Asian background, please write in above
D	Black / African / Caribbean / Black British / Black Irish
14	African
15	Caribbean
16	Any other Black / African / Caribbean background, please write
E	Other ethnic group
17	Arab
18	Any other ethnic group, please specify

Coding for Ethnic Group is based on Office for National Statistics 2011 for UK wide data collection.

Thank you for completing this questionnaire.

Please hand it back to your immunotherapy doctor or nurse.

This form should be filed in the medical notes once data has been entered on the registry.

BRIT do not need a copy.