

Practice ID: _____

Study ID: _____

[For office use only]

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Dear BLISS team,

By returning this form, I confirm that I do not want my personal details to be shared with the HSCIC.

Important: Please fill in the following details so that we can amend our records.

Title:	
First name:	
Surname:	
Full address:	
GP surgery:	

Please email this to bliss@contacts.bham.ac.uk or post it to:

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Institute of Applied Health Research
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