

Wallet Cards

<p>Name:.....</p> <p>Hospital:.....</p> <p>Trial:..... Trial ref:.....</p> <p>Investigator:.....</p> <p>Date entered trial:.....</p> <p>Your Research Nurse is:.....</p> <p>Treatment:.....</p>	<p>Swansea Bay University Health Board In the event of an urgent query regarding your trial medication out of office hours please ring</p> <p>VERY IMPORTANT</p> <p>If you are admitted to hospital, for any reason, please ring the research team on and leave a message</p> <p>THANK YOU</p>
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