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**RAINDrop Reply slip**

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**I would like to find out more about taking part in the RAINDrop research study**

**YES**

Please tick one box then complete **ONE** of the

**NO**

sections below

**IF YES** please provide your details so the research team can get in touch with you:

Name	
Address	
Email address	
Mobile telephone	
Home telephone	
Best time to call	

**IF NO (there is no need to give your name or contact details):**

The research team would be grateful if you could tell them why you chose 'NO':

I no longer have anaemia

I no longer take oral iron

I cannot spare the time

Other

If other (and you choose to give more information) .....

If you have any questions you can contact the study team using these details:

Carmen Walker tel: 01603 286469 email: Carmen.Walker@nnuh.nhs.uk

**Thank you for completing this form.**

**Please send it back using the enclosed prepaid envelope.**

The University of Dundee is the organisation that is collecting information about you, from this invitation. We may use the information you provide in this reply in order to contact you about participating in research we are conducting. Any identifiable information you provide will be held on a password-protected database in the University of Dundee in accordance with the General Data Protection Regulations.