

## PPiP2 Blood Sample Card



PPiP2 participant ID (3 letters + 5 numbers)			<p><b>PLEASE REPORT RESULTS TO:</b> PPiP2 study team <a href="mailto:ppip@psych.ox.ac.uk">ppip@psych.ox.ac.uk</a></p>
Blood sample date: (dd/mm/yyyy)			
Blood sample time (hh:mm)			
Patient consented to storing their samples for future research (see Consent Form Ver.7 dated 24/05/2018)	<b>Serum (Gold top tube)</b>  YES / NO	<b>Whole blood (Purple top tube)</b>  YES / NO	