



University Hospital Southampton **NHS**  
 NHS Foundation Trust

**NIHR** | National Institute for  
 Health and Care Research



**Reply slip**

Thank you for reading through the Participant Information Sheet.

Please complete the reply slip and return to the Research Team in the pre-paid envelope provided.

You can also register your interest on the CaDeT trial website, if you prefer:

[www.cadettrial.com](http://www.cadettrial.com)

By providing this information, you consent to the use of this data for the purpose and duration of the trial.

<patient name and address>



TO BE COMPLETED BY RESEARCH TEAM

Participant ID: 

C	D	T	-							
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Site ID: 

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**I am interested in taking part in the above study and would like to be contacted to have the opportunity to find out more about taking part in the trial and see if I am eligible.**

My contact details:

Email Address: .....

Mobile phone number: .....

Home/work phone number: .....

What is the best way to contact you (*please circle*): Email / Mobile / Home or work phone



If there is a particular day of the week or time that is best to contact you, please write this below:

.....

**OR**

**I do not want to take part in the above study because:**

- I'm not interested
- I no longer have a catheter
- I don't have time
- Other .....

**Thank you for answering these questions.  
Please return this completed reply slip in the pre-paid envelope.**