

Rapid Response Maternal-Infant Clinical and Biospecimen Access Platform Potential Participant Contact Information Form

DISCLAIMER: In filling out this form, the potential participant agrees to be contacted by the CANCOVID-Preg Biorepository study team. This information will be kept strictly confidential, and will only be used to contact for study purposes.

Date _____

Potential Participant Information

Name:

PHN:

Date of Birth
(YYYY.MM.DD)

Gestational Age:

Estimated
Due Date:

Phone Number:

Email
Address:

Preferred mode of contact:

☐

Phone

☐

E-mail

☐

Text

Are you delivering at BC Women's Hospital ?

☐

Yes

☐

No

Care Provider Information

Name:

Notes:

*(Please
provide any
additional
information)*

For potential enrolment, please provide a completed form to an authorized study team member or email to biorepository.rid@ubc.ca

For Research Team Purposes Only

CANCOVID-Preg Research Staff who
Received Participant Contact Information
Form: