



## PARTICIPANT DETAILS – Project: Seafood allergy in Queensland

1. Are you allergic to:      Fish      Shellfish      Other foods      No food allergy
  2. Would you like to take part in the study?      Yes
  3. Your full name:
  4. Date of birth:
  5. Gender:      Male      Female
  6. Phone number (for contact between 9am and 5pm):
  7. Email Address:
- If you register as the parent of the paediatric food allergy sufferer, please let us know about the participating child(ren) - if not, please proceed to question 11.
8. Your child's name:
  9. Date of birth:
  10. Gender:      Male      Female
  11. Are you available for the interview and blood collection on 14 May 2018  
or 15 May 2018?      14 May 2018      15 May 2018 (Morning only)

Thank you for your participation! Please send this completed form to [allergy.survey@jcu.edu.au](mailto:allergy.survey@jcu.edu.au). You will then be contacted by the project researchers to confirm your appointment date.

