

Tissue Bank Contact Information Sheet

We need the following contact information to accompany the consent form for both consent purposes (we need to call {once} to confirm your consent if you were not consented in person) **and** to verify we have your correct address so we can send you an enrollment card.

Contact Information (*please print*):

Last Name	
First Name	
Date of Birth	
Address	
City, Province and Postal Code	
Phone Number	
Alternate Phone Number (optional)	
Reg. No. (if member)	