



TEDS RESEARCH CENTRE
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CONTACT DETAILS – SECOND PARENT

If you are a biological parent of TEDS twins who would like to help with the TEDS Parent DNA Study, please complete and sign this form.

To take part in this TEDS study you must:

- Be the **biological** parent of twins already enrolled in TEDS
- Live at the **same address** as the twins' other biological parent

By signing this form, you are agreeing for the TEDS team to contact you to take part in the TEDS Parent DNA Study.

Name

Forename: _____ Surname: _____

Biological relationship to twins: ☐ Mother ☐ Father

Email

We will use this email to send your reward voucher to you once we have received your returned saliva sample. Your email will be kept confidential. It will only be used by TEDS to contact you in connection with TEDS research, and it will not be shared with any third parties.

☐ Please verify that you are a biological parent of the twins and that you agree to be contacted by the TEDS team.

Signature: _____ Date: _____

Family ID: XXXX