



Order Form for Brochures

AUSTRALIAN INHERITED RETINAL DISEASE REGISTER AND DNA BANK

Please send me some informational brochures regarding the Australian Inherited Retinal Disease Register and DNA Bank (AIRDR) for distribution to patients who may be affected with an inherited retinal disease (excluding Age-related Macular Degeneration). I understand that these patients may or may not then contact AIRDR to enquire about participating in this project.

I understand that if a patient's disease-causing mutation is subsequently established as a result of their participation in this project, that genetic result may be made available to me as an aid in the treatment, management and counselling of that patient.

Please send me 20 50 100 brochures (please circle).

Name:

Address:

Signed:

Date:

Please post, fax or email this form to:

Australian Inherited Retinal Disease Register and DNA Bank
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Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands
Western Australia 6009

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F (08) 9346 3466

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