

## Treatment of Osteogenesis Imperfecta with Teriparatide and Zoledronic acid



### The TOPaZ trial Response letter

<b>Your GP's name</b>	
<b>Your GP's address</b>	
<b>Your GP's Telephone number</b>	
<b>Your Hospital specialist's name</b>	
<b>Your Hospital specialist's address</b>	

I give permission for members of the TOPaZ trial team to contact my GP and/or hospital specialist for you to determine if I might be suitable to take part in the TOPaZ trial.

<b>Your Name:</b>	<b>Your date of birth:</b>
<b>Your address &amp; postcode</b>	<b>Your telephone number:</b>
Signed:	Date:

**Once completed please send this form by post to**

The TOPaZ trial office  
Edinburgh Clinical Trials Unit  
Western General Hospital  
Edinburgh EH4 2XU