

## BOSS Helicobacter Up-Date Form

Site:		Investigator:	
Trial number: BS	Date of Birth: dd _mmLyyyy	Gender: male / female (delete as appropriate)	

### Helicobacter test result

Type of test		
Date of test    dd _mmLyyyy		
Negative	<input type="checkbox"/>	
Positive – no treatment	<input type="checkbox"/>	
Positive and treated	<input type="checkbox"/>	
please give details of medication :	Drug	Dose
		Duration

**Please complete another up-date form each time a further test is taken**

### Form completed by:

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Job title:</b>		

**Following completion of this form please e mail it to the BOSS Trial Office**