

**LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO**

**Questionnaire on hypergammaglobulinemia in apparently healthy humans**

*(Please note that your information will be handled with almost confidentiality)*

**Participant ID:** \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_

Address / Department: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male  Female  Marital status: Single  Married

LMP \_\_\_\_\_  Graduate  Undergraduate

**Medical Information:**

Blood Group: A  B  AB  O  Rh Neg  Pos

RVS:(if known): Yes  No

HB Genotype (if known): AA  AS  AC  SS  SC  CC

Weight [Kg]: \_\_\_\_\_

Height [m]: \_\_\_\_\_

	<b>Present</b>		<b>Past</b>	
Smoking Habit	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alcohol/Substance Abuse	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurrent Fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurrent Infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Joint Pain	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Skin Problem	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Others _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Informed Consent:**

I consent to participate in this research. I understand that the sample (blood/urine) collected will be used primarily for Final Year Project.

I, \_\_\_\_\_ agreed to donate blood/ urine willingly for this biomedical research purposes.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date